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# THE TIMES AND REGISTER.

A Weekly Journal of Medicine and Surgery.

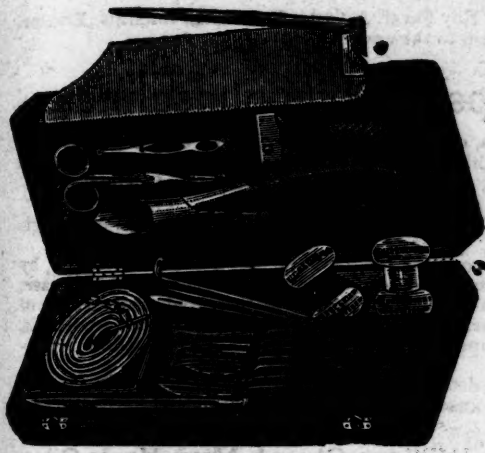
Published under the auspices of the American Medical Press Association.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.

Vol. XXI. No. 8.  
Whole No. 624.

NEW YORK AND PHILADELPHIA, AUGUST 23, 1890.

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## Notes and Items.

DR. PATTERSON and family are at the Belmont House, Mount Pocono, Pa.

DR. AND MRS. A. HAMILTON SMITH are at the East End Cottage, Bedford, Pa.

DR. G. F. ROESSLER, of North Seventh street, went to the Delaware Water Gap, last week, for a fortnight's relaxation from professional cares.

FROM the Stump to the Limb. A pretty illustrated pamphlet, issued by A. A. Marks, giving a sketch of his manufacture of artificial limbs.

DR. J. M. RIDGE, of Camden, a classical scholar and an accomplished linguist, was among the many noticed on the board walk, at Atlantic City, last week.

WALKER—"Good gracious, Wentman, how you have changed—only a ghost of your former self! What have you been doing?" Wentman—"Following out the 'Health Hints' in the newspapers."

MRS. CRIMSONBACK—"Yes; what's the matter with him?" "He's troubled with kleptomania." "You don't say so! Poor fellow! he ought to take something for it." "That's the trouble. He takes too much."—*Yonkers Statesman*.

PHYSICIAN—"I fear you have been keeping yourself too closely confined. You should go out more. Take a constitutional every morning before breakfast." Colonel Livehigh—"I always do, doctor; two of 'em, and never less than three fingers."

A curious fashion has come into vogue in Paris. In all the cemeteries metal boxes with a slit in the lid are placed on the tombstones to receive the cards of visitors. The relatives of the deceased are thus enabled to see who among the living still cherish the memory of their departed friends.

A THIRST-QUENCHER.—He (on the promenade)—"I am fearfully thirsty, but I know from experience that soda water does not quench thirst."

She—"No, it does not. We can get pure, cold, spring water at a place around the corner."

He—"You know the neighborhood, then?"

She—"Yes. They always give a glass of water with every plate of ice cream."—*Good News*.

"WHAT a boon it would be to the medical profession if some reliable chemist would bring out an extract of malt in combination with a well-digested or peptonized beef, giving us the elements of beef and the stimulating and nutritious portions of ale."—*J. Mitner Fothergill*.

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LISTERINE.—The *British Medical Journal* of May 3, 1890, says: "We have received \* \* a specimen of a preparation manufactured by the Lambert Pharmaceutical Company, St. Louis, U. S. A. According to the formula given, it contains the following antiseptics: Thyme, eucalyptus, baptisia, gaultheria, mentha arvensis and benzo-boracic acid. It is a clear liquid, with an aromatic odor, pungent taste, and miscible in all proportions with water. We have experimentally proved that it is a powerful antiseptic, preventing the development of bacteria and decomposition of vegetable infusions. Listerine is certainly a very elegant preparation, and will be found an agreeable antiseptic either for internal or external use." It is certainly satisfactory in the extreme to note the appreciation that the efforts of American pharmacists meet with abroad. Testimony of the character given by the *British Medical Journal* should carry great weight with it.—*Occidental Medical Times*, June, 1890.

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**THE PRELIMINARY SESSION** will begin on Wednesday, September 24, 1890, and end September 30, 1890. It will be conducted on the same plan as the Regular Winter Session.

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Two to five Didactic Lectures and two or more Clinical Lectures will be given each day by members of the Faculty. In addition to the ordinary clinics, *special clinical instruction*, will be given to the candidates for graduation during the latter part of the Regular Session. For this purpose the candidates will be divided into sections of twenty-five members each. All who desire to avail themselves of this valuable privilege must give in their names to the Dean during the first week. These clinics will be held in the Wards of the Hospitals and at the Public and College Dispensaries.

Each of the seven Professors of the Regular Faculty, or his assistant, will conduct a recitation on his subject one evening each week.

**THE SPRING SESSION** will begin March 25 and end the last week in May. The daily Clinics and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by Members of the Faculty.

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ON PAGE XVI.

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# An Open Letter to the Medical Profession.

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*The Annual of the Universal Medical Sciences for 1889, says: "A perfect Infant Food is still a desideratum; such a food will probably be evolved in the mind of some manufacturer who understands the physiology of infantile digestion and the chemistry of milk. A substitute for human milk, to approximate the latter closely, should be made entirely from cow's milk, without the addition of any ingredient not derived from milk.*

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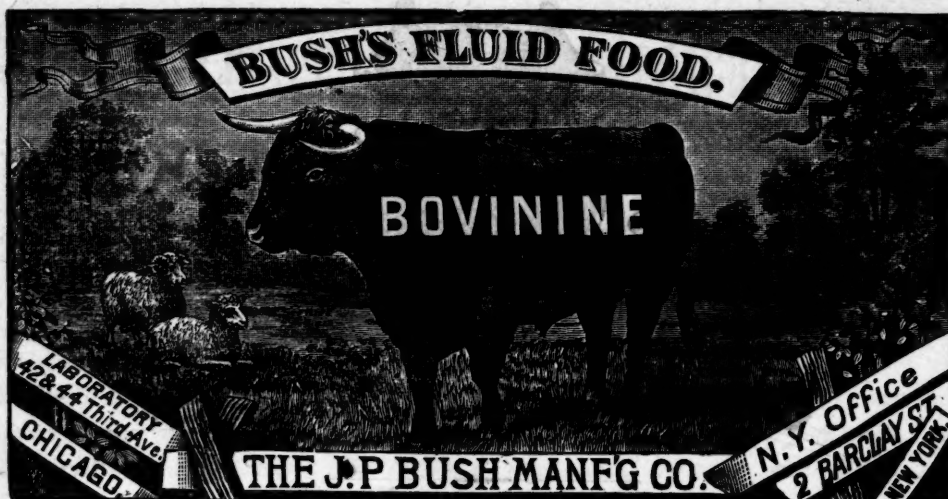
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Vol. XXI, No. 8.

NEW YORK AND PHILADELPHIA, AUGUST 23, 1890.

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## Original Articles.

### PHLYCTENULAR KERATITIS.<sup>1</sup>

By C. W. TANGEMAN, M.D.,

Assistant to the Chair of Ophthalmology at the Medical College of Ohio.

THE frequency of corneal diseases is exceeded only by diseases of the conjunctiva; while the interest at stake to both physician and patient is certainly greater in the former class of trouble. We will select for our consideration in this paper, a given type of corneal inflammation, since the subject generally would be entirely too tedious.

Corneal diseases, for the sake of ready conception, are divided into three great classes: 1. Infiltration. 2. Abscesses. 3. Ulceration.

The disease that we want to consider here, belongs to the first classification. It is distinctly an infiltration between the layers of the corneal tissue, and if you will indulge me for a few minutes I will refer to the anatomy of this structure very briefly.

If you will make a section through the various layers of the cornea, and place it under the microscope, you will see a picture much as is represented here in this drawing, though it is somewhat diagrammatic. There are five distinct layers; the first, made up of four or five layers of epithelium, as you see here, the second is the anterior elastic lamina, or "Bowman membrane," on which the epithelial layer rests. It is made up of connective tissue and is inseparable from the third layer, or the corneal tissue proper, called the "Substantia propria." It is made up of small bundles of fibrils, regularly arranged, so as to permit of spaces and interstices between them, which act as lymph spaces or channels. Fourth, we have elastic membrane, again the same, as anteriorly, and resting on the fifth layer, which is made up of endothelium.

The cornea is an extra vascular structure, and de-

pends on the lymph circulation for its nutrition. The nerve supply is quite rich, the larger trunks splitting up into minute fibrillæ, and ending in the epithelial cells of the first layer. The anterior layer is constantly shed and reproduced, so that if an abrasion should occur, the loss will soon repair. Nature has provided a barrier against destructive processes in the presence of the anterior elastic lamina; this layer is not reproduced, neither is the third layer. If the disease breaks down these two layers the repair is by cicatricial tissue, which is always opaque. The point that we wish to make here is that when the pathological process extends beyond the superficial layers, an opacity of the cornea is the consequence. Phlyctenula, means bubble up, forming a tumor under the epidermis. In this connection it is forming a tumor under the first, or epithelial layer of the cornea.

The very great difference between infiltration generally and the specific one referred to to-day, is as the name indicates; it is very superficial, the infiltration is chiefly between the first and second layers, as I have attempted to represent in this drawing.

**Pathology.**—According to the observation of Ivanhoff there is a subepithelial exudation of fluid, caused by an irritation along the branch of the fifth nerve, as it passes to the epithelial layer, causing an elevation or a bubble. There is a collection of round cells, at the end of the nerve, and this forms the typical phlycten. The infiltration may extend deeper and the haziness of the cornea become greater. Should, for some reason, the infiltration become so extensive as to disturb the arrangement of the substantia propria, or the nutrition of the structure be interfered with, causing a breaking down of the various layers, an abscess or an ulceration, and an indelible opacity will result.

Phlyctenular keratitis is circumscribed and not very extensive, but secondary changes may set in and give us a picture much modified from the one just described. The epithelial covering is very fragile,

<sup>1</sup> Read before Ohio State Medical Association, June 6, 1890.

and we have resulting an ulcer which, in certain patients, and under proper conditions, may be difficult to treat and endanger sight.

*Variations.*—Many subdivisions wholly dependent on the fact that the changes caused in the cornea and the various structures of the eye lid, which naturally follow as a consequence of inflammation of the cornea, are not always the same in different patients, or under different circumstances in the same patients.

This disease is almost distinctly a disease of childhood, seldom observed before the age of two years, and found only under one circumstance after the age of eighteen or twenty. It may appear in one or both eyes at the same time, but usually one eye is involved first. Scrofula, as was once supposed, has nothing to do with the cause of this disease, but it runs a very tedious course in children belonging to this class. It is not often that we see a typical phlyctenule developing, despite the frequency of its occurrence since the many changes that are produced so readily by surroundings or constitutional influences.

A process that appeared quite typical at the onset, extends to the deeper layers of the cornea, and danger of perforation and prolapse of the iris is imminent. On the other hand, instead of remaining circumscribed, the process extends, and a corneal opacity covers the papillary area, which may remain permanently.

There may be but one vesicle situated at the sclero corneal junction, or there may be so many as to encircle the entire cornea, as it were, with a fringe. This is noticed more frequently in the colored race, which seems specially susceptible to this disease.

The vesicle may appear centrally on the cornea and pass through the various stages and disappear, and not show a trace of blood-vessels, while in another attack in the same patient the process is accompanied by the formation of blood-vessels that cross the sclero corneal border and reach the seat of inflammation.

*Causation.*—Little can be said about the causation of this disease, unless we accept the theory recently advanced, that it is due to a micrococcus. At any rate the disease can be brought about by inoculation. That constitutional taints and surroundings play a modifying rôle, cannot be denied, but only in a very limited number of cases is it observed, and only in these cases is constitutional treatment required.

In some patients, attacks of phlyctenular keratitis come on quite frequently without apparent cause, unless it be that they are using their eyes. Their eyes are on a strain, caused by some refractive error or muscular asthenopia. This once remedied, the patient makes a rapid recovery, and may never have another attack of the disease. These cases are simple. The class of cases giving the physician most worry and anxiety, are those in which the child (it may be well nourished and perfectly healthy), develops, aside from the local inflammation, a certain chain of nervous symptoms. The lids are spasmodically closed, so completely as to resist all of the efforts of the physician to pull them apart. When the cornea is exposed you will see a circumscribed, gelatinous looking mass, varying in size from a grain of mustard seed to a hemp seed, slightly elevated above the surrounding cornea, which has a bluish-hazy tint, due to infiltration. A leash of blood-vessels are seen to cross the sclero corneal junction and run to the point of irritation. This process may grow or a second phlycten may develop, giving to the cornea the appearance of pannus.

This disease is known as one of the sequelæ of acute infectious diseases, especially measles. You

will have observed that this disease occurs nearly always in children only. Mucous membranes are very susceptible to inflammation in childhood, especially is this the case in the acute infectious diseases. The anterior portion of the cornea, or the first layer, is histologically the same as the conjunctiva, and it is the writer's opinion that the process on the cornea is different only in as much as the modified tissue makes it necessary. If we accept this view, then the same cause producing the inflammation of the mucous membrane of the mouth, nose and lungs in measles, also causes phlyctenular conjunctivitis and keratitis. Filth, negligence and bad hygiene, undoubtedly have an influence in this disease, but do not act as causative, as has heretofore been supposed.

*Symptomatology.*—The symptoms of this disease are characteristic, while the disease may run an acute course in one instance and a chronic in another, yet the subjective symptoms are so typical that a diagnosis could be made as the child is passing through your door-way on its mother's arms.

The most marked and obstinate symptom is photophobia—sensitivity to light. It was supposed that the sensitive nerve endings, as in the process just described, we had a good explanation of this symptom, but in some of the worst cases the amount of photophobia, and the extent of corneal damage, is so out of all proportion, that in my estimation we must look for another explanation. A great deal of the nervous element seems to be present. There is a spasmodic contraction of the orbicular muscles. The frontal and orbital muscles are firmly contracted, and it is often quite difficult to even get a glimpse of the cornea.

Anæsthesia, external canthotomy, plunging the child's head under water, are suggested by the older writers as means of breaking the spasm. Tearing is profuse, when the lids are pulled slightly apart a gush of water takes place, as if you had caused a loss of the aqueous humor. In older children you will find that they are constantly mopping their eye. This secretion is many times so acrid as to cause excoriation of the integument of the face about the eyes, nose and lips. The external angle of the lids is always excoriated, and when the lids are forcibly pulled apart bleeding takes place, and great pain is caused. The eye-lids are swollen and puffy, caused by disturbance of the circulation when the lids are spasmodically contracted for days at a time. Now let us instil a few drops of a 5 per cent. solution of cocaine, and in a few moments we can inspect the eye-ball. The conjunctivæ of the lid and bulbus are reddened, but you can soon see that the cause of the redness is not a conjunctivitis, but simply an extension of the irritation from the cornea.

Most frequently we find the recent seat of the disturbance at the sclero corneal junction. It may be but a small abrasion, or extend as an abrasion along this border for some little distance, or we will find a distinct vesicle slightly elevated looking as if it had a gelatinous base, situated at the margin of the cornea and possibly fringing its entire circumference. Or one or more vesicles may be situated on the cornea. When the phlycten is situated on the cornea, as a rule, a bunch of blood-vessels cross over at the nearest corneal border, and run towards the vesicle. These vessels are new formations and are quite superficial. Sometimes the phlycten has clear cut edges, and then again a margin of infiltration extends into the corneal tissue for quite a distance. It is more frequently that we see the phlyctenular process as an ulcer with a dirty base than a vesicle, since the covering is quite delicate and is easily broken. These



many variations that have been so briefly referred to are no doubt produced by the same cause; but the idiosyncrasies of the patient, his habits and surroundings are the cause for the difference in appearance.

*Prognosis.*—The prognosis of this particular form of corneal disease is not so unfavorable as might first appear. The process is one involving the superficial layers, and while the infiltration may be quite extensive, the cloud like opacity disappears quite easily. Should an ulcerative process set in and extend to the deeper layers, repair is by cicatricial tissue, and an opacity more or less dense will remain permanently. It is in this manner that perforation of the cornea, with all its unpleasant symptoms, occurs; but this is exceedingly rare. It is easily comprehended that only when an opacity is centrally situated or extends into the pupillary area, does it disturb vision; and, if you prevent an extension of the disease to the center of the cornea, or limit the pathological process when found centrally to the superficial layer of the cornea, vision will not be affected by it. Relapses are not infrequent, and may continue to annoy the child for years; in older persons we find that these are the ones benefited by glasses.

There is another point which we must refer to in this connection, namely, the sluggishness of repair. It may require months of patient treatment to repair the damage done in two or three days. The newly-formed blood-vessels get smaller and finally disappear; the general infiltration is cleared up, leaving a clear-cut, sharply-defined, grayish opacity at the seat of disease. The redness of the conjunctiva disappears as the disease runs its course.

*Differentiation.*—It is not difficult to diagnose this disease. Should the corneal opacity be dense and centrally situated, there is danger of mistaking it for cataract, but only by those not informed. In the variety known as Bushel Keratitis of the Germans, where there is a profusion of blood-vessels developing on the cornea, all pointing to a central point as an apex, there is danger of mistaking the disease for pterygium.

*Treatment.*—In the treatment of this disease there are three points that we must bear in mind: first, the aetiological factors in the case; secondly, the corneal process itself; and, lastly, the accompanying symptoms. If you should discover the cause of the disease in any case, while treating it during the recurring attacks, it would be an important factor, since the course of the disease could be very much shortened, if not prevented altogether. For example, if we should discover that recurring attacks of phlyctenular keratitis are caused by some refractive trouble, its correction is, likely, all the treatment that is required to prevent further trouble. What interests the patient most is whether the corneal opacity can be removed. When centrally located, it materially disturbs vision; while it is a deformity at best. Constitutional remedies are but seldom indicated. Should we discover a malarial element or a periodicity, antiperiodics are indicated. Sulphide of calcium in half-grain doses, repeated two or three times daily, is often of great service in checking this disease, especially when the submaxillary and the cervical glands are involved, or when there is ulceration of the cornea. The only drawback with this agent is you can never tell beforehand whether it is indicated or will be of any service in a given case. Antiphlogistics are never indicated. Local applications are made for two purposes: first, to control the inflammation of the cornea and lid, and then to hasten repair. Eserine, the active principle of Calabar bean, will undoubtedly

be found to be more effective to accomplish these two purposes than any other agent. Irritants are to be strictly avoided as only aggravating. Atropine is only of service where a refractive error is the cause of the disease. It increases intra-ocular tension, and is therefore often inadmissible. After the acute symptoms have passed away, our aim should be to increase the absorptive powers of the cornea, to relieve this tissue of its infiltration or engorgement. The sooner this is done, the less permanent damage is done to the cornea. Cocaine is a valuable agent in this disease; it lessens intra-ocular tension, and relieves much of the pain and sensitiveness to light that these patients complain of. Hot water applied to the closed lids every four hours, for a few minutes at a time, is often found to give the patient much relief. When the tearing has ceased, no better remedies than the mercurials in ointment form can be employed, and preferably the yellow oxide. This applied but once a day. If there is any virtue in hastening absorption by the use of irritants, then we have combined in the above remedy all that is elegant and efficient. The question is often asked, How long must treatment continue? It is dangerous to risk a prognosis; but you will always find that it is more easy to remove a recent opacity, occurring in a child, than one of long standing, or when found in an adult.

A few years ago the author pointed out the usefulness of the fluid extract of jequirity in these cases, where ulceration has set in and the healing process is very sluggish. A single application seems to be sufficient to stimulate and hasten repair.

#### A FEW MORE REMARKS ON DERMATITIS HERPETIFORMIS.

BY A. RAVOGLI, M.D.,  
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SINCE Duhring, in 1884, called the attention of dermatologists to a group of eruptions of the skin, under the name of dermatitis herpetiformis, the interest in these eruptions has greatly increased, because many affections of this kind could here find their right nosological place in dermatology. Many of these cases were formerly confounded with erythema multiformis; others with herpes iris; others with pemphigus; impetigo herpetiformis Hebrae remaining a peculiar eruption, out of any definite nosological class. As the bulla was characteristic of pemphigus, so every bullous eruption was characterized as such, and, on account of the pruritus, the adjective of pruriginosus was added.

Duhring's work consisted in definitely establishing the general symptoms which constitute the type of these eruptions, and thus referring them all to one group.

These group symptoms are as follows:

1. Polymorphism of the eruption
2. Paresthesia;
3. Chronic course and relapse;
4. Relative general good feeling.

Certainly, the disease is not a new one, for we find many descriptions of eruptive diseases of this kind scattered in the books of different authors, called with different names. To-day these various eruptions are to be referred to this type dermatitis herpetiformis. So we find herpes phlyctenoides in Chaussit, 1852; pemphigus circinatus in Rayer, 1828; pemphigus chronicus in Rach, Jr., 1841; pemphigus compositus, herpes pemphigoides, or pemphigus herpetiformis, in Devergie.

Cazenave<sup>1</sup> had already remarked that pemphigus sometimes is accompanied with different eruptions, like herpes and prurigo, and in this case the affection resembles pompholix pruriginosus Willan, where the patient is troubled with itching and burning sensations. In these cases small vesicles are mixed with large bullæ, aggregated into groups, resembling herpes phlyctænoïdes, while large bullæ of pemphigus are scattered on the cutaneous surface.

In Bazin, under the article arthritides bullosæ, we find a description of two varieties of bullous eruptions, viz., pemphigus arthriticus and hydroa bullosa, where he includes all the symptoms of dermatitis herpetiformis.

Auspitz<sup>2</sup>, under the head of neuritic dermatoses, established a group of eruptions which he named inflammatory trophoneuroses with acyclic course. He gave to this class of eruptions the generic name of erythanthema, which he divided in two families, viz., those affecting the skin superficially, and those affecting the skin deeply. He divided the last family into species vesicular, pustular, and bullous, including herpes circinatus, iris, annulatus, herpes phlyctænoïdes. As herpes impetiginosus he understood the disease described by Hebra as impetigo herpetiformis.

It would be superfluous for me, in the brief space allowed, to go on to review all the authors who before Duhring described cases of this disease under one name or another, but I must refer the reader to the beautiful and complete work of L. Brocq, on *Dermatitis Herpetiformis Duhring*.

Brocq differs with Duhring as regards the name, and he prefers dermatitis polymorpha pruriginosa chronica à poussées successive. It is a question of nomenclature, but the form remains the same, and we must be grateful to Duhring for having traced the principal symptoms which form the characteristics of this peculiar affection. The name of dermatitis, inflammatio cutis, inflammation of the skin, seems to be rightly applied, as vesicles and bullæ are situated on a red halo; and this redness precedes the spreading of the eruption. The adjective herpetiformis gives the idea of vesicles with a tendency to aggregation.

There is no question that one of the most remarkable characteristics of this affection is the disposition to relapse; when a spot is nearly healed up, a new crop of vesicles or bullæ comes up again. The genius of relapsing is so characteristic of this affection that, as Unna remarked,<sup>3</sup> the cases referred to by Brocq, where no relapse had been seen, ought to be excluded from this group.

Paresthesia, perversion of the sense of touch. This is the itching sensation, and is the dominant symptom in this disease. The patient complains of an itching and burning sensation together, which often prevents him from sleeping, and obliges him to scratch his thick and infiltrated skin. This symptom is so important as to distinguish a case of dermatitis herpetiformis from a case of a true pemphigus. The restlessness and the continuous scratching of the patient affected with this disease contrasts a great deal with the quietness and the dread of changing position in the patient affected with true pemphigus. According to Unna, pemphigus pruriginosus is to be taken out of the group pemphigus, and is to be comprehended in the group dermatitis herpetiformis. The perversion of the sense of touch, revealed by the

itching, shows the disorder in the sensitive nerves, which is the causa proxima of this disease.

Polymorphism of the exanthema forms another characteristic of the disease. Papules, vesicles, bullæ and pustules are found together in a striking way; but we can assert that the predominant feature is the vesicle and the bulla. I seldom saw a true pustula, but mostly the vesicles or bullæ filled up with a turbid and purulent exudation. This remark has already been made by Brocq. The condition of general health maintained in this disease must be considered only as relative. The patient does not lose his appetite, but on account of the itching sensation loses a great deal of sleep, and, in some cases, wastes away considerably.

To give a practical example, I will take the liberty of reporting, as briefly as possible, a case of dermatitis herpetiformis, which I had the opportunity to study from its very beginning.

A gentleman, N. S., fifty-three years old, in the best of health, who had never had any disease of consequence, in very good financial condition, called upon me in April, 1889, complaining of an itching sensation all over his body, but more intense on the chest and on the arms. The skin, white and smooth, was furnished with an abundant *panniculus adiposus*, and did not show anything with the exception of a few small red maculæ in the middle of the chest. A mild alcoholic solution of carbolic acid was prescribed, for the purpose of diminishing the itching sensation. A few days after, the patient came back complaining that the itching sensation was still more intense, and at this time small papules, like in eczema papulosum, were scattered on the chest and on the shoulders. Under the impression that I had to do with an eczema papulosum, a salve, consisting of oxide zinc, subnitrate bismuth, carbolic acid and vaseline, was given to be rubbed on the eruption. A few days after, a papular eruption was spread all over the body and on the limbs. The skin was red, and of the papules, some were small, of the size of a grain of millet, and some larger, polygonal in shape, and depressed in the center, resembling exactly the papules of lichen ruber planus. At this time I had the idea that the case was one of lichen ruber scarlatiniformis. I prescribed then Asiatic pills, from two to four a day, and baths with water wherein some wheat bran had been boiled, assuring the patient that in a few months everything would return to the normal condition. From this time I did not see the patient. Three months after, I was called in consultation to see the same gentleman. All his body was covered with bullæ filled up with clear serum, ranging in size from that of a pea to that of a hen's egg. Where the bullæ were broken, large excoriations remained. In the places where bullæ had already healed up, the skin was dark brown in color; thickened and large flattened papules were raised above the level of the skin.

Bullæ were also coming on the mucous membrane of the lips, of the mouth, and of the throat. These bullæ soon broke, leaving excoriations. The patient was extremely nervous and excitable, but his appetite was relatively maintained, and he could take a sufficient quantity of nourishment.

The patient would get better from time to time; his excoriations would heal to a considerable extent, and we would all begin to hope for recovery, but relapse was seen to occur and was always preceded by slight elevation of temperature.

At one time the whole body was one sore; bed clothing and everything stuck together. We feared reabsorption, and it was necessary to put the patient

<sup>1</sup> Abregé pratique des maladies de la peau, 1847.

<sup>2</sup> System der Hautkrankheiten. Wien, 1881.

<sup>3</sup> Ueber die Duhring'sche Krankheit und eine Form derselben. Monatshefte f. Pract. Derm. B. ix, No. 3.



into a continuous bath. This, however, could only be used at intervals, as the patient complained of chilliness, and it was necessary to have the water at the temperature of 98° F., which made him weak and produced congestion in the circulation of the brain. The continuous bath, in spite of all the difficulties, acted very satisfactorily. The eruption of new bullæ subsided, and the extensive excoriations healed up considerably in about three weeks' time. But after three weeks we were obliged to quit the bath, because this chilling was so bad that the patient could not stand any more. The patient was now anointed with different salves, vaseline and salicylic acid, olive oil and carbolic acid, always in very mild proportions. New bullæ continued to appear, which became rapidly purulent, and the patient began to show symptoms of pyohemia. Fever ranged between 101° to 103°; pulse very weak and over 120, and his life was in great danger.

Abundant doses of quinine reduced the temperature, and the large discharging sores were dusted with iodoform powder, and covered then with iodoform gauze. This treatment helped him; the fever disappeared, the excoriations gradually healed up, so that the patient was able to get up and go out riding. When I left the patient, he was almost well; no new bullæ were coming, and there remained only some itching sensation. His sleep was tolerably good, appetite excellent. He wished to go to some resort, and chose Old Point Comfort.

I must remark some peculiar features of the general symptoms. The urine had been carefully examined every few days, and it was found always of a normal acid reaction; never could any trace of albumen be detected; urates and phosphates were somewhat in excess. The most interesting symptoms were revealed in the nervous system. At times the gentleman was somewhat stupid, taking but little interest in surrounding things; at times he was irritable; and for some time was slightly delirious during the night. His sleep was very agitated; he slept only a few minutes at a time, and no hypnotic could produce a few hours of rest. Night-sweats were very profuse, especially late, when he was improving.

In order to give a complete account of the case, it must be related that the gentleman had another relapse at Old Point Comfort. He was not satisfied in the treatment and he left for Philadelphia, where he went under the care of Duhring. From Philadelphia he went to New York, having another relapse, and put himself under the treatment of Elliot and Bulkley. He came back to Cincinnati, with still another relapse, and is now again under my charge.

It will be seen that the general feeling of well being, which is said to be characteristic of this disease, is to be taken with a grain of salt; that, indeed, there are many interesting symptoms affecting the general health, and more conspicuously the nervous system.

In the beginning I called this case pemphigus pruriginosus, and I find that it has some likeness to the case lately published by Dr. Henry G. Piffard<sup>1</sup> under this same name. However, I do not see any reason for leaving these cases separated when we can refer to one group diseases which have the same symptoms in common and have nothing to do with real pemphigus.

Until here I have spoken of dermatitis herpetiformis, which has been more frequently observed, as an

eruption of papules, vesicles, and bullæ, with a disposition like herpes, disseminated on the surface of the body, which, although of long standing, shows in its relapses a kind of acute course.

I wish now to call your attention to another case of the same kind, in which the eruption runs an exceedingly chronic course, and has a kind of progressive way of spreading over the skin by continuity.

This is a lady, Mrs. E. Z., fifty-nine years old; she has always enjoyed good health; she is five feet tall, one hundred and seventy pounds' weight, fleshy. Her skin is white and delicate, panniculus adiposus abundant. She has been always in very good financial condition, belonged to the highest society. Four years ago she lost her husband under the saddest conditions. After the death of her husband, many of his investments were found to be reckless. The loss of her husband and her financial troubles threw her in a deep grief. About three years ago there appeared on the index of the left hand an eruption in form of vesicles filled up with purulent matter. The eruption spread slowly over the back of the hand for a time, then stopped; but the skin remained thick and of a brownish-violet color. A few months afterwards an eruption of vesicles appeared on the lips, around the ears, and on the temporal regions and the toes, and the back of the right foot. At this time I was called in consultation by her family physician. The surface was completely covered with thick, yellow-brownish crusts, having the appearance of an eczema impetiginosum. After having removed the crusts with applications of olive oil, the surface was found affected in large spots, in the center of a dark-brown color, with papules and pustules scattered over, and in the periphery deep excoriations in a semicircular disposition; itching and burning sensation accompanied the eruption.

Still under the impression that I had a case of eczema to deal with, I applied unguentum diachylon Hebra, spread on muslin. The result of this application was not satisfactory, as it brought out many more vesicles, which were early broken, and left the surface more excoriated. The disease spread upon the periphery of the plaques in form of a row of vesicles upon an inflamed basis.

Vesicles and pustules of the size of a millet seed appeared on the tongue and on the mucous membrane of the mouth and of the nose. These soon broke, causing serous discharge from the mouth and from the nose.

At this time a mild salve of resorcin was used (half drachm in one ounce of vaseline); but the burning caused thereby was so great that it was necessary to stop its application immediately. Internally, solutio Fowleri arsenici, in doses of from six to fifteen drops a day, was prescribed.

New conglomerated vesicles were continually developing at the edges, forming semicircles. The epidermis covering the vesicles was easily removed, leaving the excoriations in the form of crescents, extending on the parietal region. Another spot developed in the same way on the occipital region, running downward on the back of the neck. Every active remedy had proved unsatisfactory, increasing the irritation and bringing out new crops of vesicles; so we resorted to indifferent means, so as only to cover the skin and protect it from the contact of the air. The surface discharged a great quantity of serous fluid, which stuck the hair together, took an offensive smell, irritated the healthy skin with which it came in contact, and caused an unbearable itching sensation. The surface, therefore, was washed twice a day

<sup>1</sup> *Journal of Cutan. and Gen.-Urin. Diseases.* New York, April, 1890.

with a mild solution of carbolic acid, and, after having been dried as well as possible, a salve containing subnitrate of bismuth, oxide zinc, in the proportion of half a drachm to one ounce of vaseline, with ten drops of carbolic acid, was applied with a brush. In this way the inflammation diminished and the excoriations healed up. The surface of the skin, however, remained highly pigmented, showing a dark-brownish color, and because of abundant granulations, it presented flat papules, similar to those seen in impetigo herpetiformis; hence the name given by Auspitz,<sup>1</sup> herpes vegetans.

The affection was now at a kind of stand-still; the excoriations were in great part healed up, the discharge of serum nearly stopped. Once in a while a few small vesicles would appear on the old affected spots. As it was in summer time, the patient thought that, if she went to some watering place, she might derive some benefit from the change of climate. I therefore lost sight of the patient for about nine months. I must express my thanks to Dr. Jos. Ransdoff, who called me again to see the case.

The eruption at this time had affected the forehead, the eyebrows, the eyelids, the nose, both cheeks, lips, and chin; extended over the whole neck, down upon the breast, and backward on the shoulders—representing exactly a lace fichu. The skin was dark, brownish-red, slightly swollen, with large, flat papules, lighter in color, raised above the level of the normal skin. At times, crops of miliariformis vesicles and pustules appeared, scattered over this affected skin. The edges were raised above the level of the normal skin, showing an uninterrupted row of vesicles, whitish, pulpous, from the size of a millet-seed to that of a split pea, on a red, inflamed halo, which is extended upon the healthy skin. The whole resembles to some extent a burn produced by hot water. The slightest contact or rubbing removed the epidermis, and left an excoriation in semicircular form: neatly cut, as if it had been done with a pen-knife. The itching sensation was unbearable, but the general health of the lady was relatively good; appetite and digestion good; the bowels regular. Sleep was disturbed by the itching sensation; but, in spite of it, the lady got some rest at night, at intervals.

It is worthy of remark that, at each new eruption, the patient complained of some chilly sensation towards evening; and, when the eruption was spreading so badly, she had some fever. New spots are now coming; one in the middle of the breast, and one under the axilla. A small bulla of the size of a pea is the beginning, and this soon dries up, forming a slight brownish crust; then vesicles appear around the first, forming the spot, which grows and spreads regularly.

At present I am treating the patient with only ichthyol. She takes from thirty to forty drops of ammon. sulphoichthyol. a day, internally; and, externally, I paint the surface with a lotion of ichthyol, aqua rosæ, and glycerine, equal parts. At first it caused some burning sensation, but soon it diminished. The itching sensation has diminished a great deal and the swelling is going down. Few new vesicles and pustules are coming, and the old papules are slowly diminishing. The edges are still excoriated and discharging seropurulent matter. The face is covered with pasta zinci mollis with ichthyol, according to Unna.

Looking over the literature of this disease, I find that there is an analogy between my case and a few cases which have been reported by Brocq in his der-

matitis polymorpha pruriginosa chronica a poussée's successives, varietas gravis. The first, No. 29, from Dr. Lailler, the eruption, spreading slowly, covered the whole body, and had a fatal end. Two other cases, under the numbers 31 and 32, the first from Bazin and the second from Rayér, have a great likeness to the one under consideration.

The cause of this disease is still in darkness, but without doubt it lies in an alteration of the nervous system, as is the case in herpes zoster. The disease is not contagious, and the fluid of the vesicles inoculated in rabbits has never given any results. The lady patient, of a very irritable nature, suffered for years under a great grief; the moral trouble may have influenced her nervous system.

Brocq would not grant too great an influence to moral impressions, but would rather attribute the cause to an arthritic diathesis. In both our patients there was no sign whatever of rheumatic diathesis, although both were used to very high living. I return to my first idea, that the cause of the disease is to be found in the nervous system, which opinion is also maintained by Bulkley, Lineing, Alfred Wiltshire and Wyndham Cottle, for herpes gestationis.

The first symptom of this disease consists in the perversion of the sense of touch, paresthesia, itching sensation, which shows that the sensitive nerves of the skin are affected. The itching and burning sensation in some cases is limited to the place of the skin which is affected, in others is spread all over the body. The patient cannot stand the pruritus, and scratches his skin to get some relief from his troublesome sensation. In our first patient the itching sensation was spread all over the body, but in the lady this was limited to the affected places, and preceded the new eruptive plaques. It seems that the paresthesia is the symptom which speaks most for an alteration of the nervous system. If the itching sensation follows the eruption, then it must be believed that the infiltration and the anatomical alterations in the texture of the skin were the cause of the pruritus, but in our cases itching sensation was the first symptom and preceded any eruption.

The form of the eruptions differs according to the variety of dermatitis herpetiformis. In a general way, we may say, that it begins with erythematous plaques, which rise into papules, or the epidermis is filled up with serous fluid in form of vesicles and bullæ, or with purulent exudation, vesico-pustules and pustules. The texture of the skin is considerably altered; it remains infiltrated, thick, hard, highly pigmented and congested, of a brownish-violet color. In consequence of the vesicles, of the bullæ, and of the pustules, excoriations and crusts remain on the diseased skin. In the lady we found a considerable swelling and acute cedema of the eyelids and of the face when the eruption spread on that region.

The color of the erythematous plaques in the beginning is vivid, and disappears under the pressure of the finger, and has nothing to do with the brownish-violet color, which we find in the infiltrated plaques, where the eruption had its seat.

The spreading of the eruption is different in the various cases. In our first case the bullæ appeared all over in large bunches, affecting one day the genital and the gluteal region, another day the limbs and the chest, and so on until the whole body was covered with bullæ. In the second case, however, the disease spread with the greatest regularity, and the new eruption appeared on the edges, while at times relapses of pustules and vesicles occurred scattered irregularly on the old infiltrated spots.

<sup>1</sup> Archiv. f. Dermatologie, 1868.



In a recent relapse in the first case we can notice small, reddish papules, surmounted by small vesicles, of the size of a pin head, aggregated together like sudamina, spread over large regions of the body, while small pustules are scattered on the limbs. In the second case, the vesicles are no larger than a millet grain to a split pea, brilliant like pearls, disposed in circles on the edge of the spot. The vesicles are easily broken, and the slightest contact removes the epidermis in form of shreds, leaving the corium uncovered. It is remarkable that any irritation, or any pressure, is liable to bring out a new crop of vesicles. Vesicles come often on the occipital region, which rests on the pillow. Just in the middle of the breast, where the springs of the corset rub, a new plaque is now coming. Another plaque of numerous vesicles is now formed under the armpit, where the two surfaces of the skin come in contact. Vesico-bullæ are frequently developed on the tip of the fingers of the right hand, from any attempt to sew, or stick a pin, or button her clothes.

Comparing the two cases, we see that both are of long duration, but in the first we see a tendency to acuteness, while in the second we see a tendency to chronicity. In the first, in each relapse there is a stormy appearance of vesicles and bullæ, while in the second we see the vesicles slowly formed, and slowly but surely progressing.

I cannot say much about the duration of the disease. Both our patients are improving; their general health is pretty good; appetite maintained, digestion fair, bowels moved regularly. The pulse is good, the heart in normal condition; no remarkable change in the chemical constitution of the urine; the patients did not lose much of their weight, and everything shows that the principal functions are in complete order. This removes any idea of fear for the life of the patients at present. The patients of Bazin and Bulkeley were permanently cured. This encourages us, and we hope for the best.

What about treatment? While I was reporting the clinical history of the cases, I told what we were administering to our patients. A great many remedies have already been tried, but all without satisfactory results. Milk diet, alkalines, purgative mineral waters, tartrate of potassium, arsenic, iodide of iron, tonics, strychnine, belladonna, atropine, quinine, cinchonidin, ergotin, tinctura cantharidis, iodide of potassium, etc.

Iodide of potassium has been already condemned. In some cases the arsenite of soda seems to have done good, especially Hutchinson claims great benefit from it. In both our cases we found arsenic of no account, if not pernicious. The extract of ergot seems to have been of some benefit in our first case, but did not seem to be of any benefit in our second case. I am actually trying, internally, ichthyol in the lady, and we can say that it has been useful, as she is somewhat better. She takes sixty drops a day in three doses.

Externally, we can say that we have applied every thing which can be found in the dermatological formulary. Unguent diachylon Hebrae, unguent zinci benzoati, unguent resorcin, aristol, oleate of bismuth, oil and carbolic acid, liniment oleo calcarium covered with cotton, baths with amyllum powders, etc., but all without satisfactory results.

I must remark that every time the unguent diachylon has been applied, more vesicles have come out. It seems to me that any slight irritant agent applied on the skin has increased the fury of the disease. I must state that I am treating the lady

now with ichthyol; for the face, neck and shoulders I am using gelatina zinci mollis, with 2 to 4 per cent. of ichthyol. This has calmed the burning sensation, the itching is not so intense. The papules are flattened, and no new vesicles or pustules are coming on the affected places. The raw edges covered with this gelatine do not cause pain, and in some places are healing up. I think that this paste has given me more satisfaction than any other remedy used. For the head I am using now ichthyol, aqua rosæ and glycerine, equal parts; it does not irritate; many excoriations have healed up, and I feel encouraged to keep on in its use.

In our first patient, while under the treatment of Elliot, also ichthyol has been used in association with aqua calcis and oil of sweet almonds, and the patient improved considerably.

It seems to me that ichthyol has a peculiar sedative influence upon the final nervous ramifications. In several cases of pruritus, it has stopped the itching sensation, when every other remedy had failed. In many cases of nervous eczema, especially in children, a lotion of

R.—Ammon sulfoichthyol . . . . . 3ij.  
Aq. ros., . . . . .  
Glycerine . . . . . aa ʒss.

has given very satisfactory results. In the lady patient referred to, where any indifferent application caused burning and eruption of new vesicles, ichthyol does not produce discomfort, diminishes the itching, and the excoriations under the dark cover of the ichthyol seem to heal up faster.

A well-regulated diet is strictly necessary in the treatment of this disease. Our patient is now on an exclusive milk diet; coffee, tea, wines and liquors are strictly forbidden.

Anything which is capable of producing erythema or urticaria, like strawberries, clams, lobsters, etc., must be avoided. Meat alimentation must be greatly reduced. The more digestible food must be selected.

The bowels must be carefully watched and regulated accordingly.

With this case we have obtained some improvement of this interesting proteiform disease, which I dare to call dermatitis herpetiformis progressiva.

#### REPORT OF ONE YEAR'S WORK OF INTRA-PELVIC SURGERY FOR THE RELIEF OF INFLAMMATORY DISEASES.

A SUPPLEMENT TO TEN CONSECUTIVE CASES OF ABDOMINAL SECTION FOR THE REMOVAL OF THE UTERINE APPENDAGES, FOR THE RELIEF OF PELVIC PAIN, AND THE RECURRENT ATTACKS OF PELVIC INFLAMMATION.

By RUFUS B. HALL, M.D.,

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I BELIEVE we can best utilize the time allotted us by a review of the work done in the past year in intra-pelvic surgery for the relief of inflammatory diseases peculiar to women. The cases here tabulated, eighteen in number, include all of the operations made for the removal of the uterine appendages by myself, taken consecutively since my report to this society last year, and are reported as a basis for thorough discussion of this important class of gynecological work. In no case was the operation made until the patient had been subjected to the best and most approved local and constitutional treatment for

many months, and, in many instances, years; and this treatment had failed. In several instances the patient, and those interested in her welfare, would not accept an operation until the case was regarded as hopeless by the attending physician. In no case, however unpromising, have I refused to operate, and all have recovered.

Considering the pathological conditions present in all of these cases, the strong adhesions to overcome, and the enfeebled condition of many of the patients, the results are all any one could ask. These results have not been attained with ease, and many of the cases gave me no small degree of anxiety for a number of days after the operations were made. I have no hesitation in saying that I could not make the report to-day unmarred by a death if I had not had the patients where I could give them careful after-treatment. It has been asserted that the after-treatment in these cases is nothing. My own experience is diametrically opposed to this assertion. As a rule, patients do not require prolonged treatment after these operations, but they require more care and attention for the first few days than other cases requiring abdominal section, except, perhaps, super-vaginal hysterectomy. Regarding the difficulties encountered in these operations, I can emphatically endorse the statement made by that eminent and brilliant young surgeon—Dr. L. S. McMurtry—in a paper read before the Southern Surgical and Gynecological Society, in November of last year. He said: "The operations upon the uterine appendages are among the most trying in the entire field of pelvic surgery. To remove pus tubes and adherent ovaries, buried in a mass of adhesions, and friable from cheesy degeneration and suppuration, is among the most severe tasks of operative surgery. Normal relations are destroyed by the exudation; the fingers must make a track to the floor of the pelvis, and blood and pus well up as the exploration and enucleation proceeds. The sight gives no aid; the work is done wholly with the two fingers deep in the pelvis."

This quotation fully coincides with my views regarding the difficulties of the operation of removal of the appendages in long standing inflammatory diseases. I am aware of the fact that these are trying times for men engaged in this special work. They have their way to make and their position to sustain against the many difficulties incident to the work, as well as against the failures of those who insist upon opening the abdomen because it is easy. We all know an uncomplicated ovariectomy is not difficult, but, on the contrary, is one of the easiest of the capital operations. But we must admit that the operation is a serious one, to be carefully performed after very careful consideration. We are to remember that very frequently what appears to be a simple and easy operation may eventuate in the most complicated condition; and this is the reason for the necessity of careful preparation and training in every detail that pertains to abdominal and pelvic surgery before the work is attempted, if one hopes to win the best result. A knowledge of the accidents that may happen is one of the best means of avoiding them. I have long since learned that before opening the abdomen no exact estimate can be made as to the gravity and extent of the complications to be met with in any given case. I am convinced that no man has a moral right to open a patient's abdomen unless he is prepared for any emergency which might occur, and is himself competent to deal with the conditions found on the spur of the moment, and in a surgical manner.

The success of abdominal and pelvic surgery is bounded and measured by the ability of the operator to overcome their many complications. In presenting this group of cases of tubo-ovarian diseases, as tabulated, you will observe that it illustrates the severest lesions met with in this kind of work. All the patients had suffered long and severely; all had suffered from peritonitis—not only once, but repeatedly. When salpingitis exists without suppuration, I do not believe, for that reason alone, an operation is justifiable until the patient has had the most approved local and constitutional treatment for many months. That this is the most judicious plan to pursue is proven by the fact that in many of these cases the patient is made more comfortable by treatment, and occasionally one gets rid of her symptoms, and is so much improved that an operation is not necessary. For these reasons all cases of chronic salpingitis should have a prolonged course of treatment before submitting them to an operation. But, after a prolonged and systematic course of treatment, if the patient continues to suffer great pain, and where the tubes, ovaries, broad ligaments, and intestines are soldered, as it were, into a single mass, an operation is indicated and justifiable, even if the existence of pus cannot be made out.

In cases 20, 25, and 27 the operations were made for the relief of these conditions. Case 20, which proved to be tubercular salpingitis, had been treated by a number of good physicians for five years. She had the benefit of a change of climate, yet she was constantly growing worse. She had three attacks of hæmoptysis within three months' time just preceding the operation. There was dullness on percussion, over the apex of the right lung, and daily exacerbation of fever for ten weeks just preceding the operation. She could not be out of bed for a whole day for many weeks, and was losing flesh and strength. She had suffered from repeated attacks of abdominal inflammation, and had constant pelvic and abdominal pain. The uterus was fixed by inflammatory exudations, and was exceedingly sensitive to pressure. It is not quite five months since the operation, and she is now in better health than she has been at any time since her illness commenced. She has gained eighteen pounds in flesh, and with it her strength has returned. I await the ultimate result with much interest.

Cases 25 and 27 were likewise chronic invalids, with constant pelvic and abdominal pains. They, like the preceding one, had suffered from repeated attacks of peritonitis. The uterus was fixed from inflammatory adhesion, and it was with the greatest difficulty that the appendages could be found and removed.

These three are the only ones in the whole series of twenty-eight that there was no pus to be found in the pelvis, yet the operations have restored them to health after all other measures had failed.

All the remaining cases had pyosalpinx excepting cases 3 and 24, which were abscess of the ovary. In many of these cases it was impossible to separate the adhesion without bursting the pus sac. In every case where this occurred, and in cases where there was much bleeding, the abdominal cavity was washed out with the gravity tube. Free washing out of the abdominal cavity need not be feared—the heat relieves the shock. I have constantly employed it, when necessary, since April 7, 1887, and have not seen a single case where it caused a single bad symptom. I irrigate until the water returns as clear as it was before it was put into the cavity. Although all



of the cases recovered, a number of them would not submit to an operation until they were *in extremis*. Let us turn for a moment to the other side of the picture. Since my report to this society last year I have seen four cases in consultation and advised an operation for the removal of pus-tubes, which was refused by the physicians in charge and the friends of the patients, because an operation involved danger to life. All of these cases died within a few weeks after the consultation. They all died from peritonitis, with every indication of a ruptured pus-tube. In but three could an autopsy be secured, and in all a ruptured pus-tube was found to be the cause of the fatal attack of peritonitis; and I have no hesitation in saying that the same condition existed in

the fourth, but could not be verified because an autopsy could not be secured.

I refer to these cases to show that in cases of pus in the pelvis there is danger to life in the *so-called* conservative plan, or in the let-alone *plan* of treatment—as well as in that of operation—when, in this instance, with a mortality of less than 4 per cent., where every case presented was operated upon, except the cases mentioned which refused an operation.

In the cases refusing an operation the mortality was 100 per cent.

The following tabular reports of the two series of cases operated upon will bring out the interesting points of the individual cases:

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TABULAR REPORT OF THE TEN CONSECUTIVE CASES OF ABDOMINAL SECTION FOR THE REMOVAL OF THE UTERINE APPENDAGES, ETC.  
Reported to the Ohio State Medical Society, 1889.

No.	Date.	Residence.	Medical Attendant.	Pathological State.	Remarks.	Results.	Drainage.
1	Sept. 20, 1887.	Ritche, C.H., W.Va.	Chas. Scott.	Pyosalpinx.	Was confined to bed for twenty months before operation. Cure complete.	Recovery.	Yes.
2	Nov. 16, 1887.	Piketon, O.	O. C. Andre.	Pyosalpinx.	Sick for two years. Now in perfect health.	Recovery.	Yes.
3	April 30, 1888.	Frankfort, O.	Rufus B. Hall.	Abscess of ovary.	Sick for three years. Now in perfect health.	Recovery.	Yes.
4	Sept. 5, 1888.	Sparta, O.	D. P. Bliss and B. B. Scott.	Pyosalpinx.	For eighteen months before operation patient could not sit up an hour. Emaciation extreme. Septic poisoning before operation. Died on fourth d-y.	Death.	Yes.
5	Nov. 3, 1888.	Bainbridge, O.	W. B. Lee.	Pyosalpinx.	Now in better health than ever before.	Recovery.	Yes.
6	Nov. 22, 1888.	Cincinnati, O.	C. R. Holmes.	Pyosalpinx.	Recovery complete.	Recovery.	Yes.
7	Dec. 27, 1888.	Minster, O.	C. L. Dine.	Pyosalpinx.	Now in good health; has no pain.	Recovery.	Yes.
8	April 13, 1889.	Covington, O.	A. F. Scofield.	Pyosalpinx.	Great sufferer for years. Large pus tubes removed.	Recovery.	Yes.
9	May 6, 1889.	Cincinnati, O.	J. S. Caldwell.	Pyosalpinx.	Now in perfect health.	Recovery.	Yes.
10	May 7, 1889.	Cincinnati, O.	C. D. Fishburne.	Pyosalpinx.	Now in perfect health.	Recovery.	Yes.

SUPPLEMENTAL REPORT TO THE PRECEDING TABLE, SHOWING ONE YEAR'S WORK OF INTRA-PELVIC SURGERY FOR THE RELIEF OF INFLAMMATORY DISEASES.

Reported to the Ohio State Medical Society, June, 1890, by Rufus B. Hall, M.D.

No.	Date.	Residence.	Medical attendant.	Pathological condition.	Remarks.	Results.	Drainage.
11	June 17, 1889.	Newport, Ky.	R. B. Hall.	Pyosalpinx.	Double pyosalpinx of nine months' duration.	Recovery.	Yes.
12	Sept. 20, 1889.	Chillicothe, O.	W. A. Hall.	Pyosalpinx.	Invalid for four years. Cure complete.	Recovery.	Yes.
13	Oct. 3, 1889.	Cincinnati, O.	R. B. Hall.	Pyosalpinx.	Patient bed-ridden for thirteen months. Now in perfect health.	Recovery.	Yes.
14	Oct. 7, 1889.	Cincinnati, O.	R. B. Hall.	Pyosalpinx.	After removal of pus tubes, ventral fixation of uterus for cure of retroversion.	Recovery.	Yes.
15	Oct. 17, 1889.	Chillicothe, O.	W. A. Hall.	Pyosalpinx.	Sick for three years.	Recovery.	Yes.
16	Oct. 22, 1889.	Cincinnati, O.	R. B. Hall.	Pyosalpinx.	Removal of pus tubes. Ventral fixation of uterus for cure of retroversion.	Recovery.	Yes.
17	Nov. 7, 1889.	Cincinnati, O.	C. B. Van Meter.	Pyosalpinx.	Two years before had operation on lacerated cervix which gave no relief.	Recovery.	Yes.
18	Nov. 25, 1889.	Cincinnati, O.	C. B. Van Meter.	Pyosalpinx.	Now in perfect health.	Recovery.	Yes.
19	Nov. 27, 1889.	Cincinnati, O.	R. B. Hall.	Pyosalpinx.	Sick four years. Now well.	Recovery.	Yes.
20	Jan. 6, 1890.	Cincinnati, O.	R. B. Hall.	Tubercular salpingitis.	A great sufferer for fourteen months. Perfect cure.	Recovery.	Yes.
21	Jan. 23, 1890.	Cincinnati, O.	J. A. Murphy.	Pyosalpinx.	Sick for five years. Improving rapidly. Gained eighteen pounds in weight.	Recovery.	Yes.
22	Feb. 19, 1890.	Coalton, O.	Wm. Drake.	Pyosalpinx.	Sick five years. Very feeble. Improving and gaining in weight.	Recovery.	Yes.
23	Feb. 19, 1890.	Coalton, O.	Wm. Drake.	Pyosalpinx.	Sick six years. Dates abdominal pain from time of forcible dilatation of cervix three years ago.	Recovery.	Yes.
24	Feb. 19, 1890.	Coalton, O.	Wm. Drake.	Pyosalpinx.	Invalid for two years. Cure complete.	Recovery.	Yes.
25	Feb. 19, 1890.	Coalton, O.	Wm. Drake.	Pyosalpinx.	Sick five years. Bed-ridden one year. Cure complete.	Recovery.	Yes.
26	Feb. 19, 1890.	Coalton, O.	Wm. Drake.	Pyosalpinx.	An invalid six years. Appendages removed. Cure complete.	Recovery.	Yes.
27	Feb. 19, 1890.	Coalton, O.	Wm. Drake.	Pyosalpinx.	Sick for two years.	Recovery.	Yes.
28	Feb. 19, 1890.	Coalton, O.	Wm. Drake.	Pyosalpinx.	Sick for two and one-half years.	Recovery.	Yes.
29	Feb. 19, 1890.	Coalton, O.	Wm. Drake.	Pyosalpinx.	Sick for two and one-half years.	Recovery.	Yes.

## Society Notes.

### THE RECOGNITION OF EYE-STRAIN BY THE GENERAL PRACTITIONER.<sup>1</sup>

THE above was the title of a paper by EDWARD JACKSON, M.D.:-

The attempt to give relief from the symptoms of eye-strain by a careful trial, seriatim, of one's favorite sedative, tonic, and alterative prescriptions, followed by experimentation with the formulæ of great professors found floating on the surface of medical jour-

nalism, does not usually bring much comfort to the patient or credit to the doctor. And that it is so frequently persisted in until the patient deserts his so-called medical adviser, and of his own notion takes his chances with the specialist or the charlatan, seems to argue an inability to recognize the connection of this group of symptoms with their cause. The worst evil of specialism is ignorance and indifference as to other departments of medicine; one of the most aggravated manifestations of this evil is the expressed indifference of so-called "general practitioners" toward the anomalies and diseases of the eye.

From time to time efforts have been made by ophthalmologists, to secure a more general recognition of

<sup>1</sup> Read June 25, 1890.

eye-strain on the part of the mass of the profession; but, usually, these efforts consisted in a recommendation of some special instrument or procedure of diagnosis, as, the refraction ophthalmoscope, or the shadow-test, or a set of trial lenses, reduced in size and price to the supposed needs of the mass of the profession. If it were really necessary to apply such special means of diagnosis in order to recognize the presence of eye-strain, there would be little prospect of its early general recognition. But it is frequently recognized by the patient himself, and the ophthalmic surgeon finds in the general rational symptoms quite sufficient grounds for a provisional diagnosis; and if the mind is clear from preconceived hypotheses as to the causes of the symptoms, tending to divert attention from their real origin, there is no reason why any one respectably qualified for general practice of medicine should not be able to make a provisional diagnosis with sufficient certainty to serve for the basis of further investigation and treatment, in the great majority of cases, without resort to any special method of examination whatever. Of course, the ophthalmoscopic evidence of ametropia, when it can be obtained, is very valuable as confirming such a diagnosis; and I do not under-estimate the value of the ophthalmoscope to the general practitioner, for I cannot regard any one who is unable to use the ophthalmoscope as properly qualified for general practice. But I do say that inability to measure refraction with the ophthalmoscope is no reason for failing to recognize eye-strain.

The patient suffering from eye-strain comes with a certain history and certain complaints, which, carefully considered by the light of a very moderate knowledge of the subject, clearly indicate the cause of the trouble, in the great majority of cases. The symptoms in question may be considered separately.

*Impairment of vision*, either quite temporary, more prolonged, or quite permanent. A very characteristic form of temporary impairment of vision is that due to sudden relaxation of the accommodation. This occurs when the ciliary muscle has long been overtaxed, and especially in the latter hours of the day, when it is nearly tired out. The patient notices that the print or other near object on which the attention is fixed suddenly becomes entirely blurred, compelling the cessation of the eye-work. After a moment, however, the power of again focusing the object returns, and work can be resumed. The patient is apt to close his eyes for an instant, and, perhaps, rub them, and on again opening finds the sight again restored. If the eye-work is continued, the failure of accommodation recurs, to again rapidly pass away; and keeping on with the eye-work, these periods of inability to see become more and more frequent, until, finally, they greatly interfere with the continuance of the work, or quite prevent it. This form of impairment affects only the vision for near work.

Another temporary impairment is that due to spasm of the accommodation; it affects distant vision only, and is noticed chiefly by those whose distant vision is otherwise pretty good. It comes on after prolonged straining of the eye, usually for near vision, and lasts until the eye has gotten well rested. It is a valuable danger-signal, and should secure cessation from the work causing it until it has given place to normal relaxation. Permanent impairment of vision is brought about when eye-strain causes myopia or decided permanent damage of the choroid and retina.

*Headache and Aching of the Eyes.*—Eye-strain should be the first thought suggested by any complaint of headache, for in our day and civilization it

is by far the most common cause of that symptom. It enters as a factor into the causation of nearly all headaches not due to pyrexia, toxemia, or diseases of the brain or its membranes. The simple existence of headache, therefore, should suggest eye-strain; but frequently a careful inquiry as to the manner and time of occurrence of the attack, and the location of the severest pain, will be almost conclusive as to the origin of the trouble.

Often it comes on whenever the eyes are used, and is absent when they have had a proper period of rest. The occasions of most severe requirement in the direction of eye-work are the doing of anything requiring accurate near vision, taxing both the accommodation and the convergence; or traveling, shopping, attendance at public gatherings, which entail more use of the eyes than the patient is at the time conscious of, and often under unfavorable conditions.

Very often the chronological connection between the use of the eye and the occurrence of the ache, although perfectly certain and evident when once it has been observed, has never been noted by the patient until his attention has been directly called to it. Even when the headache seems constant and quite uninfluenced by variations in the amount of eye-work, it may be due wholly to eye-strain.

In hyperopia in young people the accommodation is in excessive use so long as the eyes are open and the attention fixed on any visible object; and hyperopia is the most common cause of constant headache. The writer was formerly subject to a constant headache whenever confined to the house, and regarded it as caused by breathing vitiated air, until it was quite cured by the correction of his hyperopic astigmatism. Many persons have the same idea as to the causation of the headaches they always experience when attending the theater or other place of public amusement, and which are really due to eye-strain. Others ascribe these headaches, and those experienced in traveling or shopping, to exhaustion. This is nearer the truth, only they commonly have in mind a condition of general exhaustion, whereas it is largely one of local exhaustion of the special nervous apparatus concerned in the act of seeing.

The *location of the aching* is of some significance. Generally it is frontal, often described as beginning in the eye, or just back of the eye, or through the temples. Frequently it extends to the occipital region, and may sometimes be felt principally or wholly in that region. Headache most severe in the vertex or confined to that region is probably not very common from any cause, but from eye-strain it is almost unknown. Often the headache is more severe on one side of the head than the other. Sometimes it is entirely confined to one side, but usually it is bilateral.

Those more or less regularly periodical headaches, known as nervous or sick headache, migraine, or, when confined to one side of the head, hemicrania, are in many cases set up by eye strain and relieved by its removal. Attacks of this kind are frequently ushered in by certain interference with vision and subjective sensations of light, affecting a part or the whole of the visual field, and known as ophthalmic migraine. These visual disturbances are simply a part of the general "nerve-storm," and it is not certain that they especially indicate the origin of the attacks to have been eye-strain.

*Congestion, irritability, or inflammation of the eyes and their appendages* should always suggest the suspicion of eye-strain. A single attack, or manifestation of this kind has no especial significance, but



repeated attacks of inflammation, or prolonged congestion, or irritability, are exceedingly suggestive of a continuing cause; and the most common of these is the one now under discussion. No case of chronic inflammation of the margins of the lids, or of recurring conjunctivitis, or repeated styes, has justice done to it until it has been carefully investigated for eye-strain. Persons at the period when they begin to feel the effects of loss of accommodation in presbyopia or absolute hyperopia, suffer from repeated attacks of conjunctivitis, which they commonly ascribe to "taking cold in the eye," but which are cut short by use of the appropriate lenses, and which, if unchecked, would tend to establish a chronic catarrhal condition, which is a chief discomfort in the lives of many elderly people.

Of course, these conditions of ocular congestion and inflammation will be recognized by the usual symptoms of redness, swelling, and itching, smarting, or burning pain. They often require especial local treatment, and will quite often be temporarily cured by this alone; but if the underlying cause is not removed, they show a strong tendency to recur indefinitely, or until the accommodation is so far lost that the temptation to strain it is removed. It should be noted that usually headache and these local inflammatory conditions are not presented by the same case. They may co-exist, but, more commonly, if one is decidedly present, the other is absent.

So far nothing has been mentioned for the diagnosis of eye-strain, but the facts ascertained by questioning the patient, and from simple inspection of the eye. If, now, the physician's office contains—what every general practitioner's office should contain—a card of test letters for accurately ascertaining the distant vision, and a card of fine print for ascertaining the near point of the eye, additional valuable evidence is easily obtainable. The trial of the distant vision will give indication of any considerable degree of myopia or astigmatism. But it must always be borne in mind that troublesome ametropia may be present without preventing perfect distant vision. The position of the near point, if farther from the patient's eye than his age would indicate, is pretty good evidence of strain of the accommodation. Evidence of strain of the external muscles of the eye, heterophoria, can be obtained by simply getting the patient to keep his eyes fixed on some object, near or distant, and covering one eye; then noting whether the covered eye deviates from its position of fixation, and especially whether it makes a quick movement to return to that position when it is uncovered.

Briefly to recapitulate, the common symptoms of eye-strains are:

Certain forms of impairment of vision.

Headache, which is to be studied with reference to the times of its occurrence and the parts of the head to which the aching is referred, with careful discrimination between the patient's facts and his theoretical explanation of them.

Chronic or repeatedly recurring congestion, or inflammation of the eye, or its appendages.

And if to these symptoms are added the results of the simple tests of near and distant vision, and evidence of tendency of the eyes to deviate from their normal position when covered, a very good basis is furnished for the probable or provisional diagnosis of eye-strain, without recourse to any special apparatus or unusual diagnostic procedure. And in view of these facts there is no justification for the general practitioner who fails to recognize most of the numerous cases of eye strain with which he is brought in contact.

*Discussion.*—DR. GEORGE M. GOULD: Certainly, nothing Dr. Jackson has advanced in his excellent paper calls forth controversy or criticism; but I think a word may be added as to certain other symptoms not alluded to by him, that may sometimes put the general practitioner on the track of an eye-strain reflex. When eye strain is sufficiently severe to set up a reflex neurosis, sleepiness is a common symptom brought on by persistent reading or writing. The patient cannot understand why he grows so drowsy. A more important trouble is one I at first advanced somewhat doubtfully, but now I am growing perfectly convinced is a genuine result of ametropia. I allude to troubles of appetite and digestion. Few patients with severe or long continued eye-strain that do not complain of anorexia, fickle appetite, or some dyspeptic trouble. Mothers frequently call such girls "pickers." Explain the mechanism of this reflex as we may, I am sure it is a fact, and that a malnutrition often results that may end in anaemia and many different form of nervous abnormality. I have had a large number of such patients regain long lost appetite after putting on glasses, and regain ten to twenty pounds of flesh within a month or two. Nervousness and choreic movements, even genuine choreas, are traceable sometimes to the same causes. I had one patient who wore the right shoe out in a few weeks, and who had a habit of bursting out crying or into a rage at a trifle. She had been treated for chorea for years at one of our best hospitals. All symptoms have disappeared for two years upon correction of her hyperopic astigmatism. I could cite several other cases.

I should like, also, to call attention to car sickness in connection with eye-strain. I have had eight or nine cases of this kind, and by glasses all have been relieved of the car-sickness. One case was that of a gentleman who every journey had car sickness. While he had the mydriatic in his eyes he went to Washington, and suffered no inconvenience whatever. Subsequently, after he had glasses, he made a trip to St. Paul without any of the former trouble. In the last two days I have two cases—one that of a girl who could not ride a short distance in the street cars without vomiting. I found a decided degree of hypermetropic astigmatism. With the mydriatic in her eyes she rode home without her usual trouble.

A strange thing with reference to eye-strain is, that it often exists to an exceptional degree without showing any symptoms in the eye. The patient will often say that the eyes are perfectly good and have never caused any irritation. The reflexes seem to settle in some other place. This is an interesting pathological and physiological question.

With reference to testing the eye by the general practitioner, it has struck me that a simple plan, which could be readily carried out, would be as follows: Have two test-cards, so that the patient will not learn and remember the letters. Let him first test distant vision with one of the test-cards; then let him instil homatropine. This will give perfect paralysis in three-quarters of an hour. Then retest with the other card. Then, if vision has decreased, there is eye-strain, due to astigmatism or hypermetropia. Another practical point is that, if the patient is suffering with headache, he will be relieved by the application of the mydriatic. It is to the existence of hyperopia and astigmatism that we want to know. Myopia rarely produces eye-strain.

DR. MARY E. ALLEN: I would ask if, in these cases, the condition of the recti muscles has not something to do with the symptoms. In my own case, I

suffered eye-strain for a long time, and insufficiency of the recti muscles. I had one symptom which I have never seen described, and that is, a feeling as though a blow had been struck against the eye. My explanation of this is that, by a spasmodic contraction of the straight muscles, the elastic eye ball is suddenly drawn with force against the back of the orbit, giving the sensation of a blow. I had this a long time before wearing glasses, but very seldom since.

DR. JACKSON: My paper simply refers to the *recognition* of eye-strain. I purposely considered only those symptoms most generally present, and had in mind the great mass of cases, not the exceptional ones, which do, in the aggregate, constitute a very large number, but still are proportionately few. The other symptoms which have been mentioned, and many others, might be referred to as due to eye-strain, but they do not occur in the large number of cases, and can hardly be regarded as of general importance in making the probable diagnosis.

I have used the term eye-strain, not as a synonym of ametropia, because we may have ametropia without eye-strain, or eye-strain without ametropia, if requirements are put upon the eye too great for its capacity. You can have it without any ametropia or weakness of any extra-ocular muscle or group of muscles. It is to the question of eye-strain as isolated and separated from ametropia that I refer. Of course, in a very large proportion of cases, the relief of the eye-strain comes from correction of the ametropia.

In connection with that correction, I should like to say one thing with reference to a remark made by Dr. Gould—that is, if myopia were present, it need not be considered. In my experience, myopia may cause severe eye-strain. There is the strain of convergence, and any inequality between the two eyes in the amount of myopia—and myopia is usually unequal—is very likely to cause eye strain. The discovery of myopia would not, to my mind, rule out the existence of eye-strain.

## The Polyclinic.

### MEDICO-CHIRURGICAL HOSPITAL.

#### IODOL.

IN a case of chronic diarrhoea of the nervous type, of many years' standing, it was found that whenever the diarrhoea was worst fissures of the anus were present, and an appearance which I have never seen described in connection with the anus, but exactly like one which Matthews Duncan found in the vagina. There is a red spot—not an ulcer—exquisitely sensitive, which appears to consist of the vessels and nerves, the other elements of the tissues having been atrophied. Duncan found no cure for this; even when the spot was excised a similar one soon appeared in the vicinity. Temporary relief was obtained by the application of pure carbolic acid.

In the present case, iodol was applied, in an ointment of one part to sixteen. Immediate relief ensued, and, whenever any indication of a return was manifested, it was promptly checked by the iodol. The net result has been that this summer has been freer from the diarrhoea than any for a number of years.—*Wagh.*

**EXOPHTHALMIC GOITRE.**—The therapeutic agents that have by common consent proved the most serviceable in the management of this affection are: Galvanism, digitalis, ergot, iron, bromides, and nerve tonics, such as arsenic, phosphorus and zinc.

All writers seem to argue that, of these agents, Galvanism is the most valuable, but there is no uniformity in the directions as to the method of applying it. I have, from my experience, some reason for testifying to its efficacy, yet I think it quite important that the reverse current be used, and that it be passed as nearly as possible through the irritated nerves, with a view of producing a sedative action upon them and the nerve centre in the cord from which they originate. I have never used a stronger current than twenty volts.

As to the medical agents mentioned, they are to be employed according to the indications in each case, and their tolerance by the patient. I have found in some cases a combination of belladonna with digitalis and nux vomica, of marked benefit in controlling the rapid action of the heart, but the correction of indigestion and sleeplessness is of primary importance in conserving the patient's energy, which is, otherwise, in most cases rapidly dissipated.—*Herdman, in Med. Age.*

**SCARLET FEVER, MEASLES, AND DIPHThERIA RUNNING TOGETHER IN THE SAME INDIVIDUAL.**—E. W.—, aged four years and a half, was admitted into the Derbyshire General Infirmary under Dr. Greaves on March 29, 1890, suffering from scarlet fever. She had a typical rash, with sore throat and tongue. Temperature 103.2°. The fever ran an ordinary course, and on April 9th she was peeling generally, the throat being still somewhat swollen, and the glands of the neck enlarged. On April 10th, twelve days after admission, the child began to sicken again, and complained of headache; the temperature began to rise, and there was marked coryza. On the 11th she had a rigor (temperature 105.4°), and the following morning presented a well-marked measles eruption over the face, neck, and wrists.—April 13th: Rash disappearing; temperature falling; child seems better; throat still inflamed.—14th: Temperature 104°; patches of membrane seen on both tonsils.—15th: Membrane on soft palate, removal of which causes bleeding; much difficulty in deglutition, and also in respiration; symptoms of laryngitis appearing.—17th: Respiration still difficult; quantity of muco-purulent discharge from nose; throat less inflamed.—23d: Child seems better; takes nourishment well; tongue cleaner; ulcers on the tonsils, but no membrane to be seen; respiration much easier; pulse fairly good.—24th: Has had two slight attacks of syncope while sitting up to be fed; seems unable to swallow in the recumbent position.—25th: The child, after awaking from a short sleep, was rather restless, had another fainting attack, and died.

**Remarks.**—When the membrane first appeared on the tonsils we were doubtful as to its nature, and inclined to look upon it as merely an aphthous condition arising in the course of a specific fever; but from the way in which it spread to the larynx and nasal cavities, and the subsequent development of the general symptoms, we were induced to look upon it as a case of diphtheria, and to treat it accordingly. It is not uncommon for measles to supervene during an attack of scarlet fever, or for diphtheria to attack a patient suffering from either measles or scarlet fever, but the occurrence of the three together is, I think, of such rarity as to be worthy of recording.

—Taylor, in *The Lancet*.



# The Times and Register

*A Weekly Journal of Medicine and Surgery.*

New York and Philadelphia, Aug. 23, 1890.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.

THE TIMES AND REGISTER,  
REPRESENTING THE  
PHILADELPHIA MEDICAL TIMES.  
THE MEDICAL REGISTER.  
THE POLYCLINIC.  
THE AMERICAN MEDICAL DIGEST.  
PUBLISHED UNDER THE AUSPICES OF THE  
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications to THE MEDICAL PRESS COMPANY,  
LIMITED, 1725 Arch Street, Philadelphia.

## ADDRESS ON MEDICINE BEFORE THE BRITISH MEDICAL ASSOCIATION.

LAST week we laid before our readers the Address in Surgery, delivered by Lawson Tait. The intensely practical nature of the man shows forth in every line; food for thought is to be found in every pointed sentence. The defects of our clumsily ineffective methods of preparing the student for his future work as a physician are graphically portrayed. The dolt who discourses on high science to a laborer's wife in her agony, instead of attending to her needs, can be found without crossing the Atlantic. It has even been whispered that the graduates of a certain university, that will here be nameless, talk learnedly upon the circulation of batrachians, and are not very skilful in the treatment of scabies. But the part of Mr. Tait's address which gives most pleasure is that in which he speaks so courteously of Sir Spencer Wells. As Mr. Tait grows older he loses something of the acerbity of his earlier years; he can recognize the good that has resulted from the labors of his enemies; and, by doing so, he lifts himself to a higher place in the estimation of his friends. There is also a noticeable absence of rancor in his remarks upon Apostoli and his methods. Altogether, it has been long since we have perused an address with as much pleasure as that of Mr. Tait.

We regret that our space is too limited to admit of the reproduction of the other addresses. In that upon medicine, Foster dwelt upon the achievements of the experimental method in bacteriology and organic chemistry. The story of the microscope has nowhere been told better. Schwann connected fermentation with yeast-cell multiplication; the association of micro-organisms with putrefaction came next; the doctrine of a living cause of specific disease received fresh support, and Pasteur's vitalistic theory of fermentation led Lister to his triumphs. Nægeli's experiments dislodged the great chemical champion, Liebig, from a series of positions he had defended with the greatest skill. Half a century before, Henle had foreshadowed the connection of infective diseases with micro-organisms; and, in 1849, Budd declared his belief that cholera and typhoid fever depended on living organ-

isms. Like many an ardent student, he longed for and foresaw the day when, in connection with zymotic diseases, the initial phenomenon of the morbid series would be isolated and defined. Pollender's discovery of the anthrax bacillus, and its study by Davaine, etc., opened the new field of study. New methods of investigation, new arts of studying the life history and morphology of bacteria, by cultivating them in nutrient media, were devised; and inoculation revealed new and startling facts as to the virulence of micro-organisms and the modifications by which they are rendered protective. Pasteur, at last, found parallels to Jenner's discovery, in chicken-cholera, anthrax, and hydrophobia. There is a law, widely applicable to pathogenic organisms, that their own products become in time destructive to themselves. The saturation of the system with the products of the microbe stops its multiplication and renders it inert. Hence, inoculations of the product tend to prevent the development in the body of the original microbe. Looking closely at this theory, we get a side-light of startling suggestiveness as to the true foundation of the old idea of the *vis medicatrix nature*; as in the modified intensity of virus produced by culture we see the origin of the theory of the change in the type of disease.

The chemists are now at work upon their part of the investigation; and have already isolated virulent compounds from putrefactive substances. In some septic diseases, toxic products are probably generated by the metabolism between the bacteria and the bodily tissues. Some researches indicate that a bacillus always produces the same poison, and that this causes the graver symptoms, as in diphtheria. The position now reached is, that in some diseases, as anthrax and relapsing fever, we know a specific micro-organism to be the contagium; in a second group, as tubercle and cholera, the evidence is nearly complete; in a third, the matter is still *sub judice*.

The lesson that these results teach us is that experiment and comparison have vastly changed our notions of disease, by substituting actual demonstrations of morbid processes for vague speculations. We no longer refer an epidemic to the anger of the gods, or to some intangible emanation, but we find its cause with the microscope and the culture flask. We identify and isolate the microbe, and that done, or even before it is done, we learn by experiments to modify and master its effects. "Shutting out fear with all the strength of hope," experimental medicine aims at discovering and controlling the starting-point of each infectious malady. In every instance in which that is accomplished, the arts of prevention and cure hasten forward with hurrying feet, but with by no means equal steps. Bacteriology gives, in the first place, the strongest impulse to preventive medicine, by defining the causes, and in many cases giving the power to control and modify at will the initial phenomena of each morbid series. With these revelations of the nature of pathological processes; with these disclosures of the causes of disease; with these demonstrations of what I may call the mechanism of maladies, is it any wonder that the attitude of the profession to disease is vastly changed?

The mystery that awed and paralyzed us in so many cases thirty years ago, has yielded its secret to patient study, and, confident in the new knowledge, we hail

The teeming future  
Glorious with visions of a full success.

These revelations of the causes of illness favor the success of collective efforts at prevention; and, hence, the State has more willingly legislated for this object. While medicine was a slave to theology or metaphysics, little progress could be made. The shafts of Apollo formed as hopeless an explanation of an epidemic as the possession by evil spirits. Such ideas gave nothing definite to aim at. The identification of the contagia, their modes of communication, and the means of checking their spread, allow the formulation of rules for collective action against the common foe.

The speaker went on to sketch the progress of legislative sanitation in Great Britain during the reign of the present Queen. He paid a pleasing tribute to Birmingham, noting the title of "the best-governed city in the world," applied to it by a recent American visitor, and closed with the following, which smacks of Bellamy:

Go and see, I ask you, how Birmingham takes care of its fifteen hundred sick poor, and you will, I am sure, appreciate the wise benevolence that has raised this great medical monument of Christian charity. There is, to my mind, only one defect: every one who is admitted is forced to become a pauper. I hope one day sickness and suffering will be sufficient passport, and that the benevolence which proffers the relief will not mar the sweetness of the gift by a condition which embitters its receipt. When that day comes, and the collective provision for the sick is made a public duty, many hospital abuses will be cured by the municipalization of our charities. The isolation of infectious cases has already been put upon the rates without entailing pauperism, and our City Hospital contains some four hundred beds. Thus these two rate-aided hospitals receive some two thousand patients, or between three and four times as many as are maintained in voluntary hospitals. In London a similar condition exists, for there nearly two-thirds of the eighteen thousand in-patients are supported from public funds.

Some of you may say I began this address with philosophy and I end it at a workhouse—a goal which philosophy sometimes attains. I accept the criticism. It states a truth and conveys a lesson. It is that lesson which I wish to impress upon my professional brethren—the immeasurable importance of even their highest scientific work to the well-being of the poor, and through that to the stability and prosperity of the State. We have in our ranks some four thousand five hundred poor-law medical officers, who are the daily bearers of succor to suffering thousands, and in many cases the only visible link between the powerful State and the homeless and hopeless poor. In the daily work of these four thousand five hundred doctors there reside greater potentialities for social progress than in any other class. To them

is given the highest function committed to us by the Highest—the care of the suffering poor—and in the daily discharge of that holy task, the vast hecatomb of human misery that civilization piles up may be diminished and prevented. If it is not so prevented, decay will come upon us as a nation; for never yet have strength and stability been found in hoarded wealth, but only in the content and comfort of the poorest classes of the population. I want every parish surgeon, every practitioner among the poor—and thank God we all have poor patients—and every medical officer of health, to realize the nobility of the service he gives the State; and one day, I hope no distant day, the State will awaken to the value of such service, and recognize in the trusty dispenser of a nation's charity, or the wise saviour of a city's health, servants of the State more worthy of its honors than the successful soldier, or the astute diplomatist.

But come this higher hierarchy of worldly honor soon or late, to men who do their duty in our ranks, there will come one day the grandest words of welcome and reward, "Well done, thou good and faithful servant; enter thou into the joy of thy Lord."

## Annotations.

### MATÈ.

CHARLES, in the *British Medical Journal*, contributes the results of an investigation of matè, or Paraguay tea. The proportion of caffeine in this he found to be 0.79 per cent., as compared with 1.2 per cent. in coffee and 3.1 in tea. The percentage of tannic acid was 21.9; 5.8; and 22.7 respectively. Matè has the effect of increasing peristalsis; it also acts as a diuretic; but neither action is sufficient to interfere with its use by persons in health. In two cases where Charles induced old ladies to substitute matè for tea the effect was beneficial; their headaches ceased, and after a year they were quite contented with their substitute for the "cup that cheers." There are many cases in which neither tea, coffee nor cocoa are advisable and agreeable also; and it would seem as if there is room for the introduction of matè as a popular beverage in this country.

COMMENTING on the interest shown by the electric light people in condemning execution by electricity, the *Scientific American* says:

"We have only to say, if they are not satisfied with the electrical apparatus used at Auburn, if, as they claim, it is not effective, then let us employ the deadly devices which the complainants themselves use, own, and control, with which they fill our streets and slay our innocent citizens. Let them bring the culprit to our city prison, place him on a conducting floor, introduce one of their street light wires, and with it, at the moment of execution, touch the hands of the prisoner. It will extinguish life instantly. It has rarely been known to fail."

We fear that in their eagerness to discredit electrical execution these gentlemen are proving too much. If Kemmler's death was so frightfully painful, if he were "tortured to death," this furnishes an excellent reason for recalling the charters of the electric light



companies, and compelling them to suspend operations until they can devise methods by which the public will be protected. Sympathy with the brutal murderer is all very well, but how about the innocent victim who happens to touch the tip of a telephone wire, that has somewhere crossed an electric light wire, and is "pounded to death?" Be careful, gentlemen, or you will be "hoist by your own petard."

#### HEMIPLEGIC EPILEPSY.

THE difficulties that still beset the path of cerebral surgery are exemplified by a case related by Abbe, before the New York Surgical Society (*N. Y. Med. Jour.*) The patient, a man aged forty-four, had a mitral murmur; no paralyses, no deviation of tongue, no anesthesia, pupils reacted to light, knee-jerk absent; the other reflexes present, the plantar exaggerated. There was a purulent discharge from the left ear, with perforation of the drum. Skin dry, tongue brown but moist; pulse 80, temperature normal. The man was somnolent. An hour after admission he had convulsive movements of the right side, beginning in the foot. Next morning he had a limp. After breakfast another convulsion of the right leg, followed by transient paresis and hyperesthesia. The urine was acid, s. g. 1.042, with no albumen or casts, but 32 grains of sugar to the ounce. During the following week the urine increased from 40 ounces to 86; several attacks of anesthesia of the right arm and leg occurred daily, with loss of power. He could stand but could not walk. No optic symptoms. Hesitancy in speech and difficulty in pronunciation. Mind dull, memory good. The convulsions recurred several times daily, with more pronounced aphasia, and extended to the face (right side). Temperature 101° F., and evidences of mastoid suppuration. It was thought possible that there might be pressure upon the centers for the leg, arm, face and for speech, from perforation and extension of the suppuration. The mastoid was opened, and a loose requestum removed. The convulsive twitching continued, and on the third day following, the indication of irritation of the cortex being pronounced, with slow pulse, wholly localized convulsions and more complete aphasia, it was decided to trephine in front of the lower end of the Rolandic fissure. No gross lesions were found either at this time, or at the autopsy, five days later.

The conclusion was that this train of remarkably delusive symptoms resulted from the diabetic toxemia; the mastoiditis determining the irritation of the left convolutions.

#### Letters to the Editor.

##### ELECTRIC SHOCK.

WM. R., male, white, aged twenty-one years; an employé of the U. S. Electric Co.; while fixing the carbons received a shock of 2,000 volts; the current entering through a hole in his rubber glove at the second phalanx of the middle finger of the right hand and passing out through the left forearm, charring the flesh at both places. The current lasted only three or four seconds. In describing the sensation he said there was no pain, but he felt as if he were violently shaken, and then lost consciousness. He was unconscious about five or six minutes. He then walked to the Emergency Hospital, where the

burns were dressed. Said he felt all right, and was going to work the rest of the night. For several days he felt sore all over his body, as if he had been taking violent muscular exercises, but not enough to stop him from work. R. M. ELLYSON, M.D.,  
*Resident Physician.*

EMERGENCY HOSPITAL, WASHINGTON, D. C.

#### THE CATSKILLS.

ALTHOUGH I am up here in the clouds I do not forget my earthly friends. It seems queer how people seek for health, under the earth or in the clouds. I was led to this thought by reflecting on the memory of a dark, gloomy abode in the Mammoth Cave, which I was assured by my guide had been occupied by a number of people for months in the hope of a cure for phthisis. Up here the sight of the heavens, apparently so near, the beautiful valley of the Hudson extending in all its grandeur about three thousand feet below, is enough to inspire feelings of elation as we drink in the pure air untainted with the vile odors of the swill cart, odorless excavators and the host of air polluters of the city. One thing has astonished me. The thought of how many cross the ocean in hunt of grand scenery, when here, only two hundred miles from Philadelphia, a few hours' ride, they can enjoy the grandest views of mountains, valleys, water falls, ravines, etc., and drives or rambles o'er hill and dale, all conducing to health and happiness. Or, if desired, rest, while drinking in the wonderful scenery lying at their feet seated on the grand porch of the hotel. In all my travels, I have nowhere met with hotel life more comfortable, or scenery to surpass the outlook from every portion of the mountain upon which this hotel is built.

WM. B. ATKINSON, M.D.

HOTEL KAATERSKILL, N. Y.

#### Paris Letter.

##### JEALOUS INSANITY.

PROF. BALL, who holds the chair of Mental Medicine at the Faculty of Paris, gives some interesting clinics at the St. Anne public asylum.

Dr. Ball is of English descent, although of French birth. It is rather curious to note the extraction of some of the greatest men France has had. Notwithstanding that the French are strongly prejudiced in favor of Frenchmen, still quite a number of men of foreign parentage reach the best possible places. In the Paris Faculty of Medicine there are several instances besides that of Prof. Ball. The late lamented Prof. Damaschino and the present Prof. Panas are of Greek extraction. But, to return to our subject—

It is usual to look upon jealousy as a partial and harmless form of delirium; but it is, nevertheless, in certain forms, a fixed pathological state, which should be known and studied by all physicians who wish to understand mental medical facts. The insanity that it sometimes leads to cannot be taken for the more or less natural exaggeration of a natural instinct.

Dr. Ball, first of all, attempts to define jealousy. He says it is a "general inclination (like envy, and founded, like it, also on egotism) that makes certain persons demand the first place in everything, and get angry at any preference shown to others." This may be shown for various matters; but the usual case, and the one studied here, is jealousy through love. This is generally thought to carry its justifi-

cation in itself, because it is supposed to be shown by an excess of tender sentiment and love.

*This is a profound error*; although a general belief among the public, and accounting for the verdict of acquittal so often given by juries in such cases. But, in reality, real jealousy is a sentiment that is profoundly egotistical; the jealous person is much more hurt in his or her self-appreciation than in his or her affection. The true type of jealousy was immortalized by Beaumarchais, in his character of the Count Almaviva in the "Barber of Sevilla," who makes love to all the women he meets, but gets furiously jealous if any one speaks to his Rosine. Many jealous insane persons have been known to kill the object of their so-called affections rather than that the preference should belong to a rival.

Dr. Ball presented two patients to show his ideas. The first was a woman of forty-six, who was rather good-looking: but, from her age, one would have thought had passed the age of jealous insanity; but it may well be that it was just that that brought it about. Up to the menopause, which had come on in October last, she was reasonable, or at least had contained within reasonable limits her malady. She had been a cook in the best families, while her husband had been a valet; they both ate and drank well, and she was somewhat alcoholic; added to this, the fact that her husband had been foolish enough to relate to her some of his youthful follies, and also some of those of his master's. This put the woman into the first stage of excitation, and led to her following her husband wherever he went. She fell into the grave mental state called by Prof. Ball "obsession," which gets such a mastery over jealous women that all their thoughts and acts are directed to a single object. She harassed the husband so much that he at last killed himself. And just here is an important symptom. Notwithstanding that she says she loved her husband, she doesn't really regret him, as she is gay and quite indifferent about his death. This sort of indifference is quite characteristic of insane patients of all kinds; anything that is outside of the fixed idea on which they are deranged does not affect them. Her only idea at present is that her husband can no longer be unfaithful to her; so much is this so that she will soon be cured; above all, as she cannot get alcohol here.

This case of jealous insanity was, as we have said, of alcoholic origin. Jealousy, indeed, is only a form of delirium.

The second case is quite different. It is a woman who does not care for her husband at all, and who only sees herself in the world. She was a spoiled child, allowed by her parents everything. She soon became accustomed to see only her own ideas in everything.

After her marriage, to a good husband, she soon made him suffer, as during her second pregnancy she was taken with jealous insanity. Her husband was employed in a government office, but she could not remain at home and take care of her daughter, but must run constantly after him, just as she was, without a care about her dress; with her old kitchen apron on. She would remain for hours outside his office. When he would come out she would scream out that he had been with the female porter of the house, that he disgraced her, etc., etc.

After many scenes of this kind the husband saw a doctor, and she was finally brought here, where her bad character makes her jealous of everybody. She cries, and beats the other poor, simple idiots, and will throw handfuls of pepper into their soup. She

says she hears voices, who tell her that her husband is unfaithful with all sorts of impossible people—the charcoal woman, etc. She constantly refuses to eat, to attract pity from the attendants and public; says she will not bathe, as the baths are used by dirty people. She is, in fact, completely insane. This, then, is a complete and incurable form of jealous insanity.

Jealousy, then, will produce crime, murder, suicides, and serious persecution. The journals are often full of crimes through its influence.

M. Moreau, of Tours, proposes this classification of such cases:

Class 1.	Slight jealous insanity—	Spiteful, worry, making scenes.
" 2.	" " "	—Rage, violence, menace of homicide, but not carried out.
" 3.	Violent " "	—Murder.
" 4.	" " "	—Suicide.
" 5.	" " "	—Murder and suicide.

Prof. Ball, however, thinks the great point is whether the jealous patient is mad or not, and gives two classes:

1. Simple jealousy.
2. Jealous insanity, with or without hallucinations.

Mothers have been known to kill their children and then themselves under jealous insanity. Is this the first or second class? It is sometimes difficult to say; but what is certain is that such persons are a public danger, and they should be sequestered. To kill a husband through jealous passion can sometimes be explained by simple jealousy; but to kill her own children, never! It then becomes madness. This has been known since the ancients. Euripides tells of the jealous fury of Medea, who killed her children when she was abandoned by Jason. But the moment maternal sentiment gives way to jealousy, there is evidently a real mental malady and madness. The causes of this disease are various—heredity is an important one, education is another; a single child, also, as they are so often spoiled. Accustomed to have their every wish gratified, they are apt to consider themselves the pivot on which the world turns. Sex is important, woman being more jealous than man. But some men are jealous tyrants. Certain accidents, wounds of the head, etc., as well as diseases, such as serious fevers, can provoke this state; but above all alcoholism is the most frequent cause, with the menopause.

Jealous insanity is, therefore, a real malady, and needs our intervention. It can be cured sometimes, as our first evil shows, and the best means is to calm them by repose and sequestration. They must be taken away from their friends and their false impulses broken; and, like all undisciplined people, they must be taught reason. In this way the army is a good place to send young men. To know that one is dominated by the will of others is often a good thing, so that an asylum has here its best uses. Purgatives are important. It is curious that constipation has a bad influence over our thoughts; besides this tonics, baths, opium and bromides calm, in fact, the intensity of the attack, and reasonable beings can be returned to society who otherwise may cause difficulties that may leave serious and important consequences, both in a social and medico legal point of view.

#### NEW TREATMENT FOR CHOLERA.

The presence of this disease on the Spanish frontier, and in other parts of the world, with its difficult treatment, induces us to mention the fact that M.



Roux has communicated to the Societe des Sciences Medicales de Lyon, some studies he has made on Koch's bacillus, with different culture liquids. It seems that one of these last fluids was made from the residue of germinated barley, and that it is impossible to cultivate the cholera micro-organism in soups, made of the refuse of malt houses in 5 to 10 per cent. strength. It would seem, then, that a decoction of this stuff ought to be a good cholera medicine, and it will be a new use for it, instead of giving it to the animals to fatten them. The question will be to make it palatable or to inject it into the rectum. As most of the antiseptics that kill the cholera microbe are dangerous, it is certainly a happy idea to find some substance that will destroy the bacillus and not the patient, so that the above soup, even if nasty, cannot be harmful, and our druggists had better study the best means to get it into the bowels in sufficient quantity to overcome the cholera micro organism, if it is the real cause of the disease, which may be among us this year.

#### ANILINE COLORS IN THERAPEUTICS.

These pretty colors, which have been so long used in bacteriological work, have just now taken a new turn, and seem to be useful in the drugging branch of medicine. In place of showing up the microbes under the microscope, it is now hoped that they will arrest their development.

This idea *a priori* seems natural enough. Kriemarski spoke of it first in tuberculosis, and Prof. Stilling, of Strasburg, gives some results of its use that are at least encouraging. Quite a number of German authors have written on the subject, some quite in favor, while others still sceptical. The colors used have been the methyl violet and auramine, or yellow, which have been first carefully cleansed of carbolic acid, and arsenic. These colors thus prepared, have been called *Pyocanine* (to destroy pus), but the name is not yet, at least, justified.

Injections made into animals, by many authors, prove that these colors are not toxic, that they possess a strong diffusive power; do not coagulate albuminates, and their antiseptic power is almost equal to corrosive sublimate. These colors are employed to cover wounds, ulcers, etc., until they crust over, and this is allowed to remain until it falls. They are also made into pencils for use in eye troubles, as well as in pomades. In solution they should be carefully filtered and kept from the light. The strength is from 1 to 10 per cent. Stilling, Peterson, and other eye surgeons are using these preparations with success. The same may be said of the nose and throat specialists. Many others are making subcutaneous injections in various painful rheumatic and other affections, so that the use of these substances is pretty certain to extend.

#### THE NEW FRENCH MEDICAL BILL.

Whatever may be said against this new bill it cannot be objected that it has been hurried through Parliament. The question has been studied for years, and more than a year has elapsed since it was brought before the *Chambre des Deputes* (Congress). The Minister of Public Instruction has now submitted a revised bill to the committee appointed to study the subject, and in its present matured form it will most likely soon become law.

As far as it regulates the position of foreign practitioners in France, there will not be any change from the practice of the past ten years. The clause in regard to it will read about like this: "All foreign

medical doctors, who wish to practice in France, must pass an examination before a public jury of professors at one of the French medical faculties, and obtain the degree of M.D." There will then follow a clause saying that the faculty of medicine can throw off a certain number of the eleven examinations *when the candidate presents diplomas of value*. We have before stated that the French faculties have a full list of all the foreign faculties who give diplomas of A.M. M.D., etc., etc., and they know just what the equivalent value of each is to theirs. For instance, as regards American faculties, the three-year school doctor would get more than the two, etc. We might say, at the risk of repeating ourselves, that as regards American medical diplomas in general, they are not often accepted for more than one (the first) out of the eleven examinations in medicine in France. One of your new professors (at the Medico Chirurgical), Dr. Laplace, can confirm this, and tell of having to pass ten examinations to get his M.D. Panas and many others have had to pass all the examinations. As is already well known the French school requires of its students a Master of Arts degree before the student enters for his four years medical course. This degree, called the *baccalaureate*, is about to be modified.

While the legal course is four years at the French medical faculties, there are very few students who pass their examinations in five years, and many take six and seven years. One of the reasons for this, is that the faculty of Paris, for instance, does not go over the subject matter of the examinations yearly as is done in America. Many of the professors take as much as seven years to go over, in lectures, all the subjects they teach. We remember Prof. Sappey (when he was Professor of Anatomy) taking one whole year to lecture on the lymphatic system. This leads the students to stick to their books and hospital work, and coach up the examinations in their last year, which often gets them *adjourned* when they come up, or referred to their studies for three months at a time, and delays their final passing.

This state of things has led to quite a large section of the French hospital doctors making an agitation for the creation of a new medical school in Paris, to be called the "Hospitals' Medical School," leaving the present medical faculty to be a sort of high school (for examinations, etc.). The large number of Paris hospitals, with their excellent staff of doctors (who are quite willing to teach) would make a fine *practical* school of medicine, and draw many students from Vienna. At present, while entrance for purposes of study is free to all in the Paris hospitals, the teaching is not carried out in full. Many hospital doctors give free clinics, but no organized courses are given in the *public* hospitals. Still plenty of private lessons are given in clinics, etc.

#### FOREIGN MEDICAL STUDENTS IN FRANCE.

The Paris medical papers are giving the number of medical students in France; and, as these statistics will be copied into our American medical journals, it may be well for me to say that, translated exactly, it will lead to errors as regards the number of American students, which is put down as 161! In Europe, all the peoples of both the United States and South America—taking in Mexico, Brazil, and all the South American States—are known as *Americans*. The real number of United States of America medical students in France is not over a dozen, perhaps 6 in Paris, and the rest at Nancy, Bordeaux, and the other faculties. The following is a list of all the foreign medical students in all the French faculties: Full

number, 907; of which 9 are Germans; 56 English; about 12 United States of America; 150 other Americans; 7 Austrians; 9 Belgians; 22 Bulgarians; 37 Spanish; 41 Greeks; 13 Italians; 18 Portuguese; 87 Roumanians; 268 Russians; 39 Servians; 19 Egyptians; and the other countries give one or two each only. Of course, this does not include the thousands of French students.

THOMAS LINN, M.D.

PARIS, August, 1890.

## Book Notices.

**ESSENTIALS OF ANATOMY AND MANUAL OF PRACTICAL DISSECTION**, together with the **ANATOMY OF THE VISCERA**. Prepared especially for students in medicine. By CHARLES B. NANCREDÉ, M.D. Third edition, revised and enlarged, with thirty handsome full-page lithographic plates, in colors, and one hundred and eighty fine wood cuts. Philadelphia: W. B. Saunders, 913 Walnut St., 1890.

This is a good dissector's manual; with nice, clear type, and handsome cuts. The colored plates are especially commendable.

**ESSENTIALS OF REFRACTION AND THE DISEASES OF THE EYE**. By EDWARD JACKSON, A.M., M.D., and **ESSENTIALS OF DISEASES OF THE NOSE AND THROAT**. By E. BALDWIN GLEASON, S.B., M.D. With one hundred and eighteen illustrations. W. B. Saunders, 913 Walnut St., Philadelphia.

A very good question-book for students preparing for examinations. The object being simply to refresh the memory upon subjects already studied in the systematic works, this volume accomplishes it very well.

**A COMPEND OF EQUINE ANATOMY AND PHYSIOLOGY**. By W. R. BALLOU, M.D. With twenty-nine graphic illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St.

Certainly there are few physicians who are not sufficiently interested in the horse, to make them desirous of knowing something of the anatomy and physiology of the animal. To those who lack time and inclination to attack the larger works like Chauveau, this compend affords what may be called a "long-felt want."

**WOOD'S MEDICAL AND SURGICAL MONOGRAPHS**. Vol. VII, No. 1, July, 1890.

Contents: Stricture of the Rectum, by Chas. B. Kelsey, M.D.; Influence of Heredity on Alcoholism, by Dr. Paul Sollier, Paris; Rabies, by Louis Pasteur, Paris; Colotomy, by Thos. Bryant, F.R.C.S.; Massage of the Abdomen, by Dr. Rubens Hirschberg.

## Pamphlets.

**Scheme of the Antiseptic Method of Wound Treatment**. By Dr. Albert Hoffa. Translated from the German, with additions, by special permission of the author, by Aug. Schachner, M.D., Ph.G., Louisville, Ky.

In this the entire antiseptic method is presented in the form of a chart, which can be hung up in the office. It is very ingenious, and conveys a great deal of information in a way to impress it upon the memory. The price is not given.

**The New Treatment of Peritonitis**. By Emory Lanphear, M.D. Reprint from *Kansas City Medical Index*.

**The Present Status of the Operations of Intestinal Anastomosis and Enterorrhaphy, and the Comparative Merits of the Various "Aids" that have been Recently Suggested in the Performance of these Operations**. By Rudolph Matas, M.D. Reprinted from the *New Orleans Medical and Surgical Journal*.

We are sorry to see that Dr. Matas, like many others, persists in crediting Dr. Davis' paper to the wrong journal. An abstract was published elsewhere, but the paper in full appeared only in the *TIMES AND REGISTER*, to which it was furnished by the author.

**A Report of Six Cases of Vaginal Hysterectomy**. By E. E. Montgomery, M.D. Reprinted from the *Transactions of the Philadelphia County Medical Society*, May, 1890.

**ELECTRICITY IN GYNECOLOGY: THE GALVANIC APPARATUS**. By C. N. SMITH, M.D., Toledo, Ohio. Reprinted from the *Toledo Medical and Surgical Reporter*.

**CELIOTOMY**. By R. P. HARRIS, A.M., M.D., Philadelphia, 1890.

Dr. Harris argues that coeliotomy and not laparotomy, is the proper Greek synonyme of abdominal section.

**DOSIMETRY IN COLORADO, AND REFORMATION IN THE PRACTICE OF MEDICINE BY THE DOSIMETRIC METHOD**. By J. E. MACNEILL, M.D., Denver, Colorado.

Somewhat sophomoric attempts at glorifying the dosimetric system, written for lay circulation rather than for the profession. One would think that the dosimetric system is better fitted for the "elegant and effete East," than for the vigorous young giant of the West, the Centennial State, (we beg the author's pardon if we have plagiarized his style), but this does not seem to be the case. When the dosimetric boomlet was yet in the dewy freshness of its roseate dawn, we betook us to the great metropolis of the East and bought some dollars' worth of granules from M. Fougere. The cute little vials captivated the ladies' eyes, but we quite failed to find the long-looked-for elixir in them. The granules of Chanteaud behaved themselves very much like those of Schieffelin, Wyeth and McKesson; and we were unable to see any advantage in substituting the French make, except to Chanteaud. The accuracy of medication can be secured quite as well by the use of any other manufacturer's goods; and the pushing of Chanteaud's is the only *raison d'être* of dosimetry.

## The Medical Digest.

KUMS recommends hypodermic injections of Hoffmann's anodyne for the relief of neuralgia.

AGARICIN, in pills made by McKesson and Robbins, has not proved of any value whatever in a case of night sweats of phthisis.

AMYLENE HYDRATE in half an hour shows its hypnotic effect, which lasts eight hours, and leaves the patient refreshed.—*Merck's Bulletin*.

BISMUTH has been found a useful remedy in gleet, but Bennett (*Amer. Pract. and News*) reports a case in which bismuth collected in the urethra until it formed an obstruction to the passage of urine.

TYPHOID FEVER AND VENEREAL DISEASES.—Isham, in the *Lancet-Clinic*, mentions four cases in which the supervention of typhoid fever apparently cured pre-existing gonorrhoea. The same good result was noticed in two cases of syphilis.

FAULKNER reports the case of a young woman who received a burn on the face, blistering the skin and leaving a scar. This was followed by pigmentation and a luxuriant growth of hair.

—*N. Y. Med. Journal*.



IN speaking of the use of pilocarpine in puerperal convulsions, Edwards (*Va. Med. Monthly*) called attention to the danger from the accumulation of fluid in the bronchial tubes. If the bronchorrhoeal action of the drug were great, the patient might drown in a convulsion.

**HEPATIC ABSCESS.**—Hache enumerates the following symptoms: Hepatic pain fixed, limited, aggravated by pressure; widening of one or two intercostal spaces over the abscess; fluctuation, if superficial. The exploring needle is a harmless means of completing the diagnosis.

**PAROXYSMAL, SPASMODIC INDIGESTION** is the name given by Upshur (*Va. Med. Monthly*) to a case of pain about the pylorus, running down to the right along the ribs. This recurred about every ten days. It was relieved by nitro-glycerin in doses of gr.  $\frac{1}{8}$ ; followed by tonics, light diet, etc.

**AGARICIC ACID** is reported by Kahler (*Merck's Bulletin*) as quite useful in relieving night sweats of phthisis. He gave  $\frac{1}{4}$  to  $1\frac{1}{4}$  grain. There is some difference of opinion as to whether the dose should be taken at once or divided. The antihydrotic effect sets in after several hours, and lasts about twenty-four hours.

**ADONIDIN.**—Oliveri reports good results from this in aortic and mitral insufficiency. He used the pure glucoside and the tannate, in doses of  $\frac{1}{4}$  to  $\frac{1}{10}$  grain, with chloroform water and ammonium carbonate, four times daily. These doses are questioned by *Merck's Bulletin*, as being nine times as large as those recommended.

**DIABETES INSIPIDUS.**—Lindsay reported a case (*Brit. Med. Journal*) in which codeine and valerianate of zinc failed. Extract of valerian was then given in 5-grain doses, three times daily; and in a week the daily excretion of urine fell from 350 ounces to 50 ounces, and remained thenceforward at, or near, the normal point.

**PHENYL-ACETIC** and beta-phenyl-propionic acids are recommended as aiding the appetite and increasing digestion in phthisical cases; the former in the tubercular and the latter in pneumonic cases. Dose, ten to twenty drops of a concentrated alcoholic solution (1 to 6) in an ounce of water, thrice daily.

—*Merck's Bulletin*.

#### MERCURY HYPODERMICALLY.—

R.—Hydrargyri salicylat.....gr. xxiv to xxxvj  
Mucil. acaciæ.....m℥x  
Aque dest.....3j

M. ft. emuls.

The local reaction from this is said by Szadek to be very slight.—*Prov. Med. Jour.*

IN DYSMENORRHOEA of nearly all the common forms, particularly the congestive type from which girls and young women so frequently suffer, antipyrin is the best means of relief I have ever employed. I commonly prescribe a powder of fifteen grains of antipyrin with  $\frac{1}{6}$  grain of morphine, one powder often sufficing for each menstrual epoch. Given as soon as pain is felt it ordinarily quite averts the customary suffering and the period is passed in comfort.—Reding, in *Kansas Med. Journal*.

#### FOR HÆMOPTYSIS.—

R.—Tinct. digitalis gtt. xx. Every four hours.  
Apply blister over the second right intercostal space, at the margin of the sternum. Order dry diet, ice, and no stimulants. Keep bowels open by means of glycerine enemata.

—*Waugh*.

#### FOR INFANTILE PNEUMONIA.—

R.—Quininæ bisulph.....3j.  
Ol. theobromæ.....3j.  
M.—et in supposit. No. iv, div.  
S. One every eight hours. Also, paint the back of chest with iodine and envelop in flaxseed jacket. Internally, give digitalis or ergot, in small doses.

—*Waugh*.

#### FOR CHOLERA MORBUS.—

R.—Tinct. capsici.....3ij.  
Ol. cajuputi.....3ij.  
Chloroformi.....3j.  
Æther. fort.....q. s. ad. f3ij  
M.—S. 3j to be taken, without water, every half hour till relieved.

—*Waugh*.

#### FOR SUMMER DIARRHOEA IN CHILDREN.—

R.—Zinci sulphocarbolat.....gr. ss.  
Bismuth subnit. ....gr. ij.  
Codeinæ .....gr.  $\frac{1}{4}$ .  
M.—Fiat tablet, No. j.  
S. To be taken every one to three hours.

For children after the second year.—*Waugh*.

#### FOR SUMMER DIARRHOEA IN ADULTS.—

R.—Tinct. hydrastis .....3j.  
Syr. rhei. aromat. ....3v.  
Potass. carb. vel nitrat. ....3ss.  
M.—S. 3ss every four hours.

—*Waugh*.

#### FOR AMENORRHOEA.—

R.—Hydrargyri bichlorid.....gr. iv.  
Sodii arseniatis.....gr. ijss.  
Strychninæ sulphat.....gr. ss.  
Potassii carb. pur.,  
Ferri sulphat. exsic.....āā gr. lx.  
M.—et div. in pil. No. lx.  
S. One pill after each meal.

—*Winton, Occid. Med. Times*.

FROM an examination of the urine of patients with typhoid fever and with scarlet fever, Luff (*Brit. Med. Jour.*) concludes that in each of these diseases a hitherto undiscovered ptomaine can be found in the urine during the febrile period, but disappears during convalescence. No ptomaine could be found in typhoid stools when fresh, though after forty-eight hours' standing one was apparently developed. The significance of these bodies has not yet been determined.

#### FOR EPILEPSY:—

R.—Rubidium ammonium bromide....3jss.  
Distilled water.....3ij. 3ij.  
Syrup of lemon .....3v.  
M.—S. Dose, 3ss every two to four hours.

*Merck's Bulletin* also mentions a bromide of caesium, rubidium and ammonium, a triple salt, as probably still more serviceable; but it is unlikely that these expensive salts will prove more effectual than the ordinary bromides, unless, perhaps, in some exceptional cases where the latter cannot be given.

THE SILVER LINES OF PREGNANCY.—Langdon thus summarizes a short paper in the *Cincinnati Lancet Clinic*:

1. The abdominal lesions known as "*striae albican-tes*," or "silver lines" of pregnancy (and other abdominal distentions) are a true deformity, due to over-stretching of an abnormally nourished skin.

2. Their prevention may be accomplished by daily inunctions of olive oil, followed by gentle hand friction for about ten minutes; the treatment should begin at or before the fourth month, bearing in mind that prevention, not cure, is the object sought.

3. Corsets, constrictions and suspension of clothing from waist bands are to be avoided entirely—at least after the third month of pregnancy.

To paraphrase the old adage—the lines are "silver," their absence golden. Another desirable object attained by the treatment is relief from the aches and shooting pains often complained of, which are largely due to the irregular stretching and compression of the nerves of the abdominal parietes.

#### DIAGNOSTIC TABLES.—

PROSTATITIS.	CYSTITIS.
1. Not a common disease.	1. A common disease.
2. Pain chiefly restricted to perineum and anus, and accompanied by fullness.	2. Not so limited and little if any perineal or rectal fullness.
3. Pain violent and throbbing.	3. Pain is not throbbing.
4. Stream of urine diminished in size.	4. Stream of urine may be normal in size.
5. Pain aggravated during defecation.	5. Not necessarily so.
6. Retention of urine probable.	6. Improbable.
7. Digital examination of the rectum reveals marked swelling and tenderness of the prostate.	7. No enlargement, and little tenderness.

—Harte, in *Jour. Amer. Med. Asso.*

NORMAL SLEEP, LIKE HYPNOTIC SLEEP, THE RESULT OF THE INHIBITION OF INTELLECTUAL ACTIVITY (Brown-Séquard).—In the researches which I published in 1882 upon inhibition and its rôle in hypnotism I have already shown that hypnotic sleep is an effect of inhibition. Besides, in many publications, but especially in a communication to the Academy of Sciences, I have demonstrated that in epilepsy, and in the organic affections, or traumatic lesions of the encephalus, the loss of temporary consciousness is due to an inhibition of intellectual activity. I wish now to show, in a few words, the reasons which lead me to consider normal sleep as the effect of an inhibitory act.

The theory according to which sleep depends upon a vascular contraction taking place in the central lobes (Durham, Hammond) is absolutely false, as I have shown some time since. In effect I have found that guinea-pigs and rabbits, after the section of the two great sympathetic nerves of the neck, sleep as if the cerebral circulation was in its normal state, that is to say, if it ceased by vascular contraction.

It is the same with dogs and cats, after one has cut away the superior cervical ganglion of one side, and the vago-sympathetic on the other. Whilst one has, by these operations, paralyzed the vessels of the

neck, it is evident that sleep, which then occurs in the ordinary way, not only does not depend on a cerebral anemia from vascular contraction, but can even exist despite the opposite state, that is, a hyperemia even notable. It is certain, then, that sleep can exist, whether there is little or much blood in the cervical vessels.

The loss of consciousness during sleep, as in many other circumstances, accidental or pathological, is the effect of an inhibition of the cerebral faculties.

I rely to prove this opinion upon: 1. Direct proofs establishing that the loss of consciousness, in case of a wound of the bulb, and also in other cases, is incontestably due to an inhibitory act. 2. All that is known of the circumstances preceding or accompanying sleep.

I limit myself to saying on this subject that, as in all inhibition, there exists, while sleep is produced and continues, irritations from a distance of the organ where the cessation of activity has place. The proof of the existence of irritations is found in the following particulars:

1. What is called "the need of sleep," consisting of certain sensations, especially a heaviness of the eye.
2. Persistent contraction of the eye.
3. Contraction of the orbicular palpebral muscles.
4. Contraction of the internal and superior recti muscles.
5. Contraction of the blood-vessels of the retina and cerebral lobes.

I add that besides the inhibition of the psychic faculties there is a special inhibition of certain muscles (lavator palpebræ superioris and the muscles of the neck), and perhaps also an inhibition of the heart and the respiration. These different inhibitory phenomena, associated with sleep, show plainly the existence of an irritation of some part, or perhaps at many points, during that periodic state of cessation of intellectual activity.

The production of sleep with man, according to Fleming and Augustus Waller, depending upon a pressure exercised at once upon the carotid, the cervical sympathetic, and the vagus nerve, shows well that sleep can be produced by a peripheral irritation.

As to the ordinary seat of the irritation or irritations which cause sleep, I can say no more than this: (1) It is improbable that this can be in the brain, properly speaking, for, as we know, birds, and especially pigeons, sleep and awake periodically, after the ablation of their brain as well as before; (2) the reflex contractions and paralytic inhibitions which are associated with sleep, if we consider them as due to irritations proceeding from the same point, have their seat much more probably in the excitable parts of the base of the brain rather than in the cerebral lobes.

Before concluding, I will recall that in epilepsy which I produced in guinea-pigs, loss of consciousness, like the convulsions, is easily caused by a peripheral irritation, and that this occurs often in attacks of petitmal in man. I recall, also, that the loss of all cerebral activities could have place, by inhibition, as I have shown, under the influence of irritations even very light, of the base of the encephalon or of the spinal cord, but especially at the point that Flourens has named the vital knot.

It is not doubtful, after all these facts, that irritations of diverse seats exist during sleep, having commenced a little before the moment when slumber supervened. There is then every reason to acknowledge that the principal phenomenon of ordinary sleep, that is to say, the loss of consciousness, is the effect of an inhibitory act.—*Archives de Physiologie*.



**PLACENTA PRÆVIA.**—At the annual meeting of the North of Ireland Branch of the British Medical Association Dr. Dempsey read the notes of a case of placenta prævia which he had treated successfully by the introduction of a large piece of solid alum up against the os, and maintained in close contact with it by a vaginal tampon. He claimed for it a number of advantages. 1. It produces constriction of the uterine sinuses by hardening and contracting the uterine fibres in the lower segment of the uterus, against the outer surface of which it is in contact. 2. It appears to assist in causing thrombosis of the sinuses. 3. It produces a tenacious mortar-like coagulation of the effused blood, which acts as an additional tampon in the vagina. 4. It does not prevent dilatation; and, 5, from the limited experience of it, it appears to obviate the necessity for the usual operative measures required in placenta prævia until the os is sufficiently dilated to permit of them with safety. In the case in point the patient was a multipara between the seventh and eighth months of pregnancy; active hemorrhage was going on before the introduction of the alum, yet none occurred afterwards, though the placenta was central, and dilatation had proceeded almost to the full extent. The alum had been left in for seventeen hours. Immediately after its removal violent hemorrhage again occurred, but delivery by version was easy of accomplishment without any injury to the maternal structures. Dr. Dempsey also showed a most interesting specimen of placenta prævia where abortion had taken place at the fifth month of gestation, and which had been treated by the same method as the above. The placenta was centrally attached over the os in this case also, and the breech presented; but, owing to the very extensive uterine attachment of the placenta, the foetus was born enclosed within the placenta. Only a very small portion of the amniotic membrane could be seen on one side of the foetus like a small window in the placenta. The fundal part of the placenta was the thickest, and the funis was attached to this portion.

—*British Med. Jour.*

## Medical News and Miscellany.

**FLAT-IRONS** are kept hot by electricity.

**THE** Sanitary Committee of the Board of Health recommended, last week, several unhealthy school-houses to be renovated.

**THE** famous Bath Springs House in Bristol, Pa., will shortly be torn down. It has been a noted house since its erection, in 1810.

**MILTON J. ROSENAU**, of Pennsylvania, has been nominated by the President to be Assistant Surgeon in the Marine Hospital Service.

**THE** use of pepper as a medicine was common in the days of Hippocrates, who applied it moistened with alcohol to the skin of the patient.

**A** YOUNG daughter of Dr. Howard Pursell fell from the portico of her home, a distance of fifteen feet, one day last week, and was seriously injured.

**DR. H. P. EVES**, the State Veterinary Surgeon of Delaware, reports that the disease which has recently caused the death of a large number of cattle in the vicinity of Wilmington, and which was supposed to be Texas fever, was hydrophobia.

**THE** appointment of Dr. Baxter as Surgeon-General of the Army Medical Corps will be received with pleasure by the entire medical profession.

**THE** Pennsylvania and Maryland Union Medical Association will hold their tenth annual re-union at York, Pa., on Thursday, August 28, 1890.

**DR. O. SAWYER**, of Chicago, was shot, and it is feared fatally wounded, last week by J. Barton Sancier during a fight growing out of domestic troubles.

**THE** Medical College of South Carolina has formed into line and is recommending, and wishes to make obligatory, a three years' graded course to their students.

**A** SHERIFF seized a Western college for debt some time ago, and an inventory led to the discovery that the assets consisted of a first-class yell.—*Binghamton Leader*.

**DR. SAMUEL MERRITT**, the wealthiest citizen of Oakland, Cal., died on August 17. It is needless to add that his wealth was not acquired by the practice of medicine.

**LAST** week the public baths were patronized by 8,234 men, 105 women, 514 girls, and 46,242 boys. This will fairly represent the love of cleanliness in these classes.

**FIVE** persons have died at Nicolaieff from Asiatic cholera; eleven cases have been reported, and the Porte has decided to quarantine all arrivals from places on the Black Sea.

**THIEVES** attempted to enter the residence of Dr. L. D. Bauer, at Fifth and Fairmount, on the morning of August 18; but, hearing the doctor's stentorian voice, they left in a hurry.

**THE** cholera epidemic seems to be diminishing in Valencia and Toledo, but one hundred and seventeen deaths from it occurred one day last week in Mecca, and seventy-nine in Jeddah.

It is commonly believed that the tendency to suicide, like the tendency to madness, runs in families; but a man may bring this tendency on by an overestimate of his working powers.

**DR. G. W. CAMPBELL**, of Newport, Pa., has been indorsed for Congress and has also been elected a delegate to the State Convention by the Prohibitionists of Perry County at New Bloomfield.

**THE** seventh annual report of the State Committee on Lunacy was issued last week. The report is made to the Board of Public Charities of the State, and is for the year ending September 30, 1889.

**THE** *Lancet*, discussing the Kemmler execution, says: "The operators in the Kemmler case used their mimic lightning with all the clumsiness of mortal inability. They burned the skull and a portion of the back, and exploded the sinuses of the brain. No doubt they were fortunate enough to render the man senseless at the first blow, just as they would have done if they had struck him on the head and back with a red hot hammer; but there was found no mark of the electrical current in or through the viscera of the body. The man was killed by concussion of the brain and explosion within the closed cavity of the skull, just as a man may be killed by apoplexy or sunstroke."

DURING a thunderstorm in Houghton county, Michigan, a Mrs. Kapper received a pretty strong dose of electric fluid. She had been suffering greatly from inflammatory rheumatism, but since the shock has not felt a single pain.

DR. WETHERILL, of the State Board of Lunacy, is giving earnest attention to the subject of help for the insane in time of panic or fire. At present every cell must be visited and unlocked, while the windows are permanently and strongly barred.

At the Southwestern Dispensary, the following number of cases were treated during the month of July: Medical, 136; surgical, 21; gynæcological, 20; diseases of the nose and throat, 14; diseases of the eye, 91; making a total of 282 cases.

DR. W. F. HERN, of Carlisle, Pa., found a large amount of arsenic in the stomach of Mrs. Rebecca Gompfer of that place, who is said to have been poisoned by her husband. He filed a sealed report of his investigation in the County Commissioner's office.

Now that the Kemmler execution is a thing of the past, it beats all creation how many of the I-told-you-so wiseacres knew beforehand that it would be an awkward and painful affair. The ex post facto prophet is just now on particularly good terms with himself.

In his Address on Surgery, Tait suggested that the medical student should take lessons from the carpenter and the blacksmith upon the way to use the saw, the hammer, etc. Judging by some operating we have heard of, the instruction had been limited to these handicraftsmen.

A CHEMICAL UNION, the aim of which is to monopolize the trade in chemicals, has been definitely formed. The union has a capital of \$40,000,000, and proposes the production yearly of 150,000 tons of bleaching powder, 180,000 tons of caustic soda, and 300,000 tons of other alkalis.

NURSING POISON AGAIN.—A case is reported in the *Australian Medical Gazette*, of a woman who, on taking a dose of chlorodyne for the relief of pain, soon after suckled her twin babies. The children were found the following morning profoundly narcotized, and died before evening.

A SO-CALLED doctor of Galicia, Austria, burned the bones of two Jewish children in the apartments of a person suffering from typhus fever, thus pretending to cure the disease. He succeeded in nearly smothering the patient, but it is not stated whether the patient recovered. The "doctor" was imprisoned.

THE first of the Second Series of Health Talks, under the direction of the National Women's Health Association, was given in the lecture-room of St. Paul's Church, on Thursday afternoon of last week, by Dr. Caroline M. Dodson, the subject being "The Care of Infants and Young Children during the Heat-  
ed Term."

SISTER GERTRUDE, of Kalihi Rec. Station, Oahu, Hawaiian Islands, thinks much of the malignity of leprosy can be arrested by the help of a good physician with a practical knowledge of all the drugs of the pharmacopœia, their action, affinities, etc., and a further knowledge of many cutaneous diseases and efficacious remedies.

DR. THOMAS B. REED, accompanied by his wife and three daughters, is spending his vacation at Berkeley Springs, West Virginia; the doctor expects to remain at the Springs until September, when he will return to his summer residence at Media, from which he comes to the city each day, to look after the large practice which he enjoys.

DR. S. WEIR MITCHELL, of Philadelphia, recently received from a woman patient the singular present of a cord of white-oak wood, chopped down and sawed up by her own hands. He had recommended to her an active outdoor life in the woods for nervous invalidism. She had followed his directions, with results of which the cord of sawed wood was one of the evidences.

DR. ALLAN McLANE HAMILTON, who has studied and written since 1873 on the application of electricity to the human body, has, after many experiments, come to the conclusion that electrical execution is a humbug, and openly avows his belief that carbonic acid gas introduced secretly by concealed pipes into a lethal chamber would furnish the ideal of civilized extermination for murderers.

Six years ago there were scarcely a hundred electric motors in operation in the United States for any purpose; to day there are not less than 15,000 motors in use, applied to not less than two hundred different industries, and an industrial revolution is taking place equaling, if not surpassing, in importance that attending the introduction of the steam engine, and marvelous in the rapidity of its growth.

HOMES FOR NURSES.—It is proposed in London to buy and endow a home of rest for nurses, especially those of the London hospitals, who have little opportunity for change or relaxation, or leisurely convalescence after sickness.

A movement is on foot in Brooklyn, to erect a home and hospital for the trained nurses of that city. It is intended to be self-supporting, as is the nurses' house in Boston, which is under the auspices of the Guild of St. Barnabas, for nurses.

Two more feminine doctors have been received into the Faculty of Medicine in Paris. They are Madame Kouindjy, a young Russian, and Mlle. Marie Roussel, from Rouen. Both read their theses personally before the Faculty, and were applauded warmly by the masculine doctors, who apparently regarded with no disfavor these fair competitors in the ranks of medicine. The Russian "doctress" introduced into her *thèse* a warm eulogy of France and French learning, which called forth naturally the plaudits of the assembly.

THE Rev. John A. Mulcahy, of Waterbury, Conn., who is traveling abroad, in a recent letter home, says of the people of Munich, that "they have a great fear of being buried alive, and for that reason, when a person dies the body is placed in a receiving vault, where it is kept for four days, and, under the method now used, a sponge is placed in one of the dead persons hands, which is connected by a copper wire with a battery and alarm signal; the hand is fastened tightly around the sponge, and at the least sign of returning animation the alarm is sounded, and the sentries, some of whom are always on duty, respond at once. In the last fifty years there have been thirty-four persons resuscitated by means of precautions of this kind."



### NEW PATENTS:—

## PATENTS GRANTED AUGUST 12, 1890

Atomiser.....	P. J. McIlroy.....	Cambridge, Mass.
Hospital bedstead.....	F. L. Bryant.....	Chicago, Ill.
Carpet-dryer.....	T. C. Merz.....	Detroit, Mich.
Nitro-cellulose.....	G. M. Mowbray.....	North Adams, Mass.
		(Two patents.)
Spray-diffuser.....	E. W. Mackenzie- Hughes.....	Chicago, Ill.
Truss.....	Brownlow & Warner.....	Ogdensburg, N. Y.

TRADE-MARKS ISSUED AUGUST 12, 1800.

Rheumatic linaiment (The word "Rheumicide" in red letters and in a curved line)..... Smith & Parr..... Washington, D. C.

Remedies for diseases of the throat and lungs (The word "Broncha" in script letters) T. V. Sords..... Cleveland, O.

Oil of lemon (The word "Limoniano")..... Dodge & Olcott..... New York, N. Y.

Oil of bergamot (The word "Bergamottino")..... Dodge & Olcott..... New York, N. Y.

Oil of orange (The word "Aranciano")..... Dodge & Olcott..... New York, N. Y.

Blackberry brandy (A monogram of the registrant's firm "A. Bros" surrounded by a wreath composed of a blackberry vine)..... Rheinstrom Bros.... Cincinnati, O.

Remedy for certain named diseases (The words "Bureau of American Remedies")..... S. E. Root..... Rochester, N. H.

**LABELS ISSUED AUGUST 12, 1890.**

"Mrs. L. Schmidt & Co's  
Healing Liniment".....Mrs. L. Schmidt  
  & Co.....New York.  
"Almond Nut Salve" and  
"Almond Nut Cream".....Mary E. Murray ....Chicago, Ill.

—Charles J. Gooch, *Patent Attorney.*

WASHINGTON, D. C.

**INTERMENTS in Philadelphia, from August 9-16, 1890:**

CAUSES OF DEATH.		Adults.	Minors.	CAUSES OF DEATH.		Adults.	Minors.
Abscess of lungs.....	1			Hemorrhage, umbilical.....	1	1	
Aphyxia.....	1	1		Inflammation brain.....	1	12	
Apoplexy.....	4			" " bronchi.....	2		
Bright's disease.....	6	1		" " bladder.....	1		
Cancer, arm.....	1			" " kidneys.....	3		
" " stomach.....	1			" " liver.....	1		
" " uterus.....	3			" " lungs.....	8	12	
" " tongue.....	1			" " pericar'm.....	1	1	
Casualties.....	3	2		" " periton'm.....	2		
Cerebro spinal meningitis..	1			" " s. & bowels.....	7	10	
Congestion of the brain.....	4			Inanition.....	1	15	
" " lungs.....	1	3		Marasmus.....	1	18	
Child birth.....	1			Old age.....	8		
Cholera infantum.....	30			Obstruction of the bowels..	1	1	
" " morbus.....	1			Paralysis.....	6		
Cirrhosis of the liver.....	1			Poisoning, carbolic acid.....	1		
Consumption of the lungs..	34	1		Pemphigus.....	1	1	
" " bowels.....				Rheumatism.....	1		
Convulsions.....	1	10		Shock, surgical.....	1		
Croup.....	3			Scrofula.....	1	1	
Cyanosis.....	2			Septicæmia.....	2		
Debility.....	1	10		Sore mouth.....	1	2	
Diarrhœa.....	3	4		Softening of the brain.....	1		
Diphtheria.....	1	2		Suffocation.....	1		
Disease of the brain.....	1	2		Syphilis.....	1	1	
" " heart.....	17	2		Tabes mesenterica.....	1		
Drowned.....	1			Tetanus.....	1	1	
Dysentery.....	5	3		Tumor, brain.....	1		
Epilepsy.....	1			" " ovarian.....	1		
Fatty degeneration of the				Ulceration of the bowels..	1		
heart.....	1			" " stomach.....	1		
Fever, scarlet.....	1	2		Uremia.....	1	1	
" " typhoid.....	4	10		Whooping-cough.....		16	
Hemorrhage from brain.....	1						
Erysipelas.....	1			Total.....	146	191	

gious and Infectious Diseases," "Precautions against Typhoid Fever," "Precautions against Scarlet Fever," and "School Hygiene." These circulars are of a very instructive character, and will be of value both to the physician and the general public. Copies of these papers can be obtained by inclosing a two-cent postage stamp to Dr. Benjamin Lee, Secretary of the Board, Philadelphia.

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ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

**Address all communications to 1725 Arch Street.**

*Changes in the Medical Corps of the U. S. Navy for the week ending August 16, 1890.*

WALES, P. S., Medical Director. Detached from Medical Examining Board, and to resume present duty at Museum of Hygiene.

AMES, H. E., Passed Assistant-Surgeon. Ordered as member of Medical Examining Board, in addition to present duty.

SAYRE, J. S., Passed Assistant-Surgeon, Detached from Navy Yard, New York, and to the U. S. S. "Ranger."

NORTH, J. H., JR., Assistant-Surgeon. Ordered to the Navy Yard, New York.

BARBER, G. H., Assistant-Surgeon. Detached from the U. S. Receiving-ship "Vermont," and to the "Pensacola."

VON WEDEKIND, L. L., Assistant-Surgeon. Detached from the "Pensacola, and to the "Vermont."

AUZAL, E. W., Passed Assistant-Surgeon. To temporary duty at Naval Academy, to examine candidates.

FITTS, H. B., Passed Assistant Surgeon. Detached from the U. S. S. "Pinta," proceed home, and wait orders.

STONE, E. P., Passed Assistant-Surgeon. Detached from the U. S. S. "Independence" and to the "Pinta."

WHITFIELD, J. M., Assistant-Surgeon. Detached from the  
Monitors, and to Naval Hospital, Norfolk.

AYERS, JOSEPH, Surgeon. Ordered to Naval Academy, to examine candidates for admission.

**BRIGHT, GEO. A., Surgeon.** Ordered to Naval Academy, to examine candidates for admission.

SMITH, GEO. T., Assistant-Surgeon. Detached from Naval Hospital, Norfolk, and to U. S. S. "Independence."

WHITE, S. S., Passed Assistant-Surgeon. Detached from Marine and to the Naval. Rendezvous, San Francisco, Cal.

*Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service from*

*Officers of the U. S. Marine Hospital Service from  
July 26, 1890, to August 12, 1890.*

SAWTELLE, H. W., Surgeon. Granted leave of absence for fifteen days, Aug. 8, 1890.

WHEELER, W. A., Passed Assistant-Surgeon. Granted leave of absence for thirty days, Aug. 5, 1890.

CARMICHAEL, D. A., Passed Assistant-Surgeon. Granted leave of absence for thirty days, Aug. 2, 1890.

PECKHAM, C. T., Passed Assistant-Surgeon. Granted leave of absence for thirty days. July 28, 1890.

AMES, R. P. M., Passed Assistant-Surgeon. Granted leave of absence for fourteen days. Aug. - 1890. To proceed to

KALLOCH, P. C. Passed Assistant-Surgeon. Granted leave

PERBY J C Assistant Surgeon To proceed to Wilmington

**SMITH, A. C.** Assistant-Surgeon. Granted leave of absence

SMITH, A. C., Assistant-Surgeon. Granted leave of absence for thirty days, Aug. 11, 1890.

YOUNG, G. B., Assistant-Surgeon. Leave of absence extended twenty days, on account of sickness, Aug. 2, 1890. Upon expiration of leave to proceed to New Orleans, La. for

Upon expiration of leave, to proceed to New Orleans, La., for temporary duty, Aug. 8, 1890.

**STIMPSON, W. G., Assistant-Surgeon.** When relieved at Buffalo, N. Y., to proceed to Norfolk, Va., for temporary duty.

Aug. 5, 1890.

## Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Amer. 25. European med. education, Potter. J. Am. M. Ass'n. Abdominal section for removal of the uterine appendages, Hall. Weekly Med. Rev.

Antiseptics, abstract of literature for 1888, French. *Ibid.*

Analisis biológico del agua de un pozo del pueblo de Regla, Dávalos. Cronica Med.-Quir. de la Habana.

Arsenical peripheral neuritis, two cases, Barton. Lancet.

Anomalous case of salivary calculus, Owen. *Ibid.*

Alterazioni del talamo ottico nella paralisi progressiva. Rif. M. Anevrisimul crosei aorte, Stoicescu. Clinica.

Aristol, Romano. *Ibid.*

Amputation of the neck of the cervix uteri, dysmenorrhœa from cervical stenosis, Goodell. Med. News.

Amputation with reference to the adaptation of artificial limbs, Garnett. Med. News.

Alcoholism in the Bellevue Hospital "cells," Dana. J. Ineb.

Abdominal nephrectomy for hydro-nephrosis, Wishart. Montreal Med. Jour.

Atrophy of the skin, unusual case of, Ohmann-Dumesnil. The Alienist and Neurol.

Acute ascending myelitis, Mackensie. Gin. Lancet-Clinic.

Auscultatory percussor, Seaman. Med. Record.

Basedow's disease, pathol. and treatment of, Kahlar. M. Press.

Bright's disease treated by sodium chloride, Menninger. The Medical Age.

Cascara in syphilitic ulcerations, Haines. Therap. Gaz.

Carcinoma mammae, their early diagnosis and treatment, Allen. Cleveland Med. Gaz.

Contagium of puerp. fever, McDermott. Am. Pract. and News.

Clinical study of rheumatism, Marshall. *Ibid.*

Complete atony of the uterus following anti-partum hæmorrhage in case of placenta prævia, Watkins. Lancet.

Cécité aménée par la quinine, Tiffany. Recueil d'Ophtal.

Cholera infantum, treatment of, Fritts. Lanphear's Kansas C. Med. Index.

Conflict between the organism and the microbe, Hankin. British Medical Jour.

Croonian lectures on cerebral localization, Ferrier. *Ibid.*

Continued fevers of Galveston, nature and treatment, Wilkinson. Texas Cour.-Record of Med.

Clinical use of electricity in the diseases of women, Beville. *Ib.*

Chorea minor in ihren Beziehungen zum Rheumatismus und zu Herzklappenfehlern, Meyer. Berliner Klin. Wochen.

Chloralamid, Whitmore. South. Cal. Pract.

Comment nourrir nos enfants, Lachapelle. L'Un. M. du Can.

Cerebral localisation, Ferrier. The Lancet.

Comparative dangers of chloroform and ether anæsthesia, Keiser. Univ. Med. Mag.

Causes and prevent. of infant mortal., Walker. Brookl. M. J.

Care and feeding of infants, remarks on mortality of infants in summer months and mode of prevent., Smith. Diet. Gaz.

Cerebellar tumor with monocular diplopia as a symptom, Shaw. The Alienist and Neurol.

Creolin bei Erysipel und Eczem. Memorabilien.

Cerebral localization, report of cases illustrating, McBride. Jour. of Nerv. and Mental Dis.

Contribution to the therap. of spastic paralysis, Gibney. *Ib.*

Colles' fracture, with especial reference to treatment, Huse. Boston Med. and Surg. Jour.

Conservative surgery on the hand, Rau. Med. Record.

Doctrine of modern prophylaxis, Estes. Leh. Valley M. Mag.

Diagnosis and treatment of inguinal hernia, Roe. *Ibid.*

Die Erkrankungen des Sehorgans im Gefolge der Influenza, Pfleger. Berliner Klin. Wochenschrift.

Diet in consumption, Judd. Jour. Amer. Med. Ass'n.

Des nouveaux moyens d'explorations des fonctions digestives, Dujardin-Beaumetz. Bulletin Gén. de Therap.

Du chloral en chirurgie, Séé. La Méd. Moderne.

Despre tratamentul rheumatismului priu mercur, Calalb. Clin.

Des accidents de la chloroformisation, Verneuil. Bulletin de l'Acad. de Méd.

Deux cas de fracture difficilement reductibles, Janet. La France Médicale.

De quelques complications de l'opération des tumeurs adénoides du pharynx nasal, Cartaz. Revue de Laryng. d'Otol.

Delir. tremens as a defence to criminality, Poole. Med.-Leg. J.

Diseased cravings and paralyzed control, Clonston. J. of Ineb.

Diagnosis of simulated mental and nervous disease, Eskridge. N. Y. Med Jour.

Dosage and administration of creasote in phthisis, Flint. *Ib.*

Disorders of sleep, Mitchell. Amer. Jour. Med. Sciences.

De l'aristol et de son emploi en gynécologie. Gaz. de Gynec.

Diphtheria, Cosgrove. Toledo Med. and Surg. Rep.

De la douleur dite caractéristique de l'ulcère rond de l'estomac, Bernheim. Le Bulletin Méd.

Discussions sur les accidents de la chloroformisation, Guerin. Bulletin de l'Acad. de Méd.

Des mesures propres à rendre moins faible l'accroissement de la population de la France, Javal. *Ibid.*

Double ovariectomy, case of, 1882, removal of left kidney with portion of mesentery, 1889, followed by abscess finding vent through left lung, recovery, Myrtle. Med. Press.

Du bégaiement hystérique, Gilbert, Ballet et Tissier. Archives de Neurologie.

Diabetes mellitus, Benson. Dietetic Gaz.

Drunkennes, its influence on morality, Wright. Al. and Neur.

De la folie cardiaque, Ball. La Méd. Mod.

De la gale, Fournier. La France Méd.

Des causes du purpura, Potain. Le Bulletin Méd.

De la folie jalouse, Ball. *Ibid.*

Euphorbia pilulifera, Workman. Therap. Gaz.

Empyema complicated with pulmonary oedema, remarks, Huber. N. Y. Med. Jour.

Experiments on the comparative value of various antiseptics in treatment of diseased teeth, Miller. Dental Cosmos.

Enteric fever, with four distinct relapses, Carlsau. Lancet.

Ein Beitrag zur Lehre von der Pseudobulbarparalyse, Munzer. Prager Med. Wochenschrift.

Etiology of phthisis pulmonaris, Bell. Northwestern Lancet.

Examination of sputum, Wethered. Med. Press.

Expert testimony before a jury in trial for insanity, Smith. Memphis Med. Monthly.

Epilepsy as a defence for crime, Elwell. Med.-Legal Jour.

Exomphalism, Fritts. St. Joseph Med. Herald.

Expectorants, Davison. Canadian Pract.

Etiology of puerperal fever, and method of preventing this dread condition, Temple. *Ibid.*

Ein Beitrag zur Hemeralopie und zur Xerosis conjunctivæ epithelialis, Unthoff. Berliner Klin. Wochenschrift.

Etiology of phthisis, tubercular peritonitis, Gibbes. Amer. Jour. Med. Sciences.

Ein Verfahren zur Beseitigung des akuten, nach Penetration der Brustwand entstandenen Pneumothorax, Witzel. Centralblatt für Chirurgie.

Ether as a menstruum in medicat. by the skin, Sawyer. Lanc.

Ein rother Bacillus im Flusswasser, Lustig. Centralblatt für Bakteriologie u. Parasitenkunde.

Electricity in gynaecology, the galvanic apparatus, Smith. Toledo Medical and Surg. Rep.

Etudes sur l'anatomie pathologique de la moelle epiniere, Francotte. Archives de Neurol.

Unrecognisable lesions of the labyrinth, Ogston. Med. Press.

Un caso de muermo, comprobacion bacteriol., Arrueat. Cron.

Ueber Manie, Kraft-Ebing. Intern. Klin. Rundschau.

Ueber abwechselnde Zusammenziehung der beiden Herzhälften, Systolia alternans, Unverricht. Berl. Klin. Wochen.

Un non proceden pentru tratam. emoroi delor, Kiriac. Clin.

Ueber die Ursache der Sporenbildung beim Milzbrandbacillus, Buchner. Centralblatt.

Un cas de rhinolithé, Noquet. Rev. de Laryng. d'Otologie.

Ueber den weissen Infarct der menschlichen Placenta, Favre. Arch. f. Pathol. Anat. u. Physiol.

Ueber den Einfluss partieller Leberexcision auf die Gallenabsonderung, Lukjanow. *Ibid.*

Ueber Blutparasiten, Kruse. *Ibid.*

Urinary disorders, Harrison. Med. Press.

Ueber eine Hernie des Processus vermiformis, Zdekauer. Prager Med. Wochen.

Vaginal Hysterectomy, six cases, Montgomery. Med. Bull.

Vaccine obligatoire et vaccine animale, Reuff. La Méd. Mod.

What is heredity? Brooks. Jour. of Heredity.

Wound-drainage by self-removing tube, Vance. Practice.

What is the present medico-legal status of the abdominal surgeon? Potter. Jour. Amer. Med. Ass'n; Am. J. Obstet.

What shall we feed the baby this summer? Lord. Omaha Cl.

What is accomplished by use of digitalis in cardiac disease? Le Fevre. N. Y. Med. Jour.

Zur Wundbehandlung ohne Drainage, Reczey. Wien. M. Pr.

Zur Anwendung der Salicylsäure bei Behandlung der venerischen Geschwüre, Janowsky. Internat. Klin. Rundschau.

Zur Therapie d. Morbus Brightii, Semmola. *Ibid.*

Zur Frage der Localisation des Kehlkopfes an der Grosshirnrinde, Kraner. Berliner Klin. Wochenschrift.

Zur Behandlung der pleuritischen Exsudate, mit besonders Berücksichtigung des Empyems, Blasejenski. *Ibid.*



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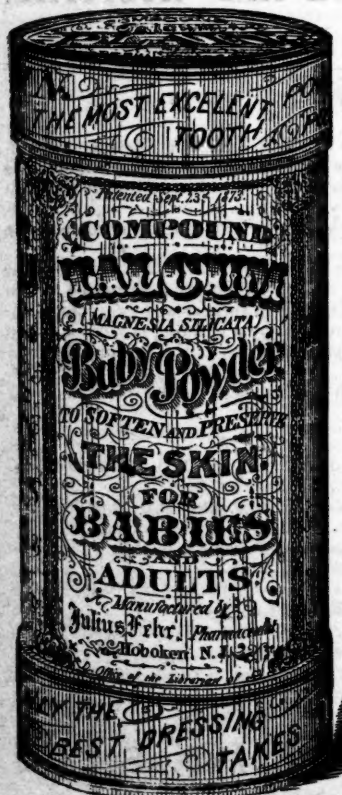
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It provides for its sick and disabled members, and provides for the families of members who may be overtaken by death.

Its laws protect its finances, as its funds are held in trust, and no officer can draw them or any part of them.

The expenses of the Subordinate Lodges are paid by the dues of \$4.00 a year. The fraternity is safer than a bank, as it has nothing to fear from a run on its treasury, for until you have been a member for six years you have no claim on it, except in case of sickness, total disability, or death.

## The Reserve Fund.

Thirty per cent. of the amount received from each assessment is set aside for the Reserve Fund, none of which can be used for the first five years, and after that a very small proportion each month.

After deducting 30 per cent. for the Reserve Fund, 50 per cent. of the balance is set aside for the Loan Fund, and from this fund loans are made to members in accordance with the laws of the Order.

## Membership.

All persons of sound health and moral character, over 15 and under 65 years of age, who pass an approved medical examination may become members. Persons under 15 and over 65 years of age, or those who do not pass the medical examination, may become members provided they waive claims for sick benefits or total disability or death benefits.

## Assessments.

Notices of assessments will be sent to each member on the first day of every month. It is calculated that about one assessment per month will be sufficient to meet the requirements, but if more than one should be needed, the extra assessment will be made at the same time with the regular assessment.

Assessments are due and payable on the day of their date, and if not paid on or before the 28th of that month, the member is suspended. A member suspended for non-payment of assessments or dues can be reinstated, provided application for reinstatement is made within 28 days after the date of their suspension, and a fine of 50 per cent. of the amount of such assessments and dues paid.

The Officers of the Grand Lodge are men of well-known integrity, ability and good business standing in the community, and all Financial Officers are bonded by responsible Surety Companies in twice the amount of money they are likely to have in their possession at any time. Every department of the work is conducted in a wise, careful and conservative manner.

Believing this to be the best beneficial organization in existence, owing to its liberal features and sound conservative policy, meeting all wants and conditions of man, we urge you to join our Order.

Physicians wishing to serve as Examiners should apply to the Medical Examiner of the Grand Lodge.



**MALTINE**  
PLAIN.  
**MALTINE**  
WITH COD LIVER OIL.  
**MALTINE**  
WITH PEPSIN AND  
PANCREATIN.  
**MALTINE**  
WITH  
CASCARA SAGRADA.

**MALTO-YERBINE.**  
**MALTINE**  
WITH HYPOPHOSPHITES.  
**MALTINE**  
FERRATED.  
**MALTINE**  
WITH PEPTONES.  
**MALTINE**  
WITH PHOSPHATE  
IRON, QUINIA  
AND STRYCHNIA.

**Maltine**

AWARDED 10 GOLD MEDALS.

**STANDARD EXTRACT OF MALT**

**MALTINE with PEPSIN and PANCREATINE.**

This Combination of the three principal artificial digestants, **Dias-  
tase, Pepsin and Pancreatine**, constitutes a most efficient remedy in  
**DYSPEPSIA, CHOLERA INFANTUM, CHRONIC DIARRHŒA,**  
and all phases of **INDIGESTION**.

Upon application we will send to any physician, who will pay expressage, a case containing an 8-ounce sample  
of any two preparations selected from the above list.

**THE MALTINE MANUFACTURING CO., 19 Warren St., New York.**

**THE TUCKER**



**SPRING PAD TRUSS.**

THE objections to the old form of Trusses are as follows: 1. They exert pressure at all times, whether  
needed or not; irritating the back and widening the orifice through which the hernia protrudes. This ren-  
ders the hernia permanent, and condemns the patient to a life time of Truss-wearing. If the Truss be  
made so loose as to avoid this pressure, it will not retain the hernia securely.

2. In case of an unusual strain being put upon the Truss, it is unable to retain the hernia, because there,  
is no limit to the expansibility of the spring which encircles the body.

3. The metal of this spring soon becomes corroded by the perspiration, unless nickel-plated or covered  
with rubber; both of which render the instrument expensive, and the latter is fragile.

All these objections are obviated in the Tucker Truss. There is absolutely no pressure when none is  
needed. The greater the pressure needed, the more is supplied.

When there is an unusual strain applied, the spring is forced back against the supporting plate and no  
further expansion is possible, as the belt is inelastic. This renders the Tucker the safest of all Trusses for  
such emergencies, which may occur to a man at any time. There is no metallic encircling spring to rust,  
and no metal touching the body. The use of this Truss by men who have tried every Truss in the market,  
proves the Tucker to be the most comfortable of all. It is one of the cheapest Trusses made, and when parts  
are worn out, they cost but a trifle to replace.

Price, { Single : : : : : \$4.00  
Double : : : : : 6.00

A LIBERAL DISCOUNT WHEN ORDERED IN QUANTITIES.

**THE PHYSICIANS SUPPLY CO.,**

GEO. WHARTON McMULLIN, MANAGER,

1725 Arch Street, Philadelphia.

## NOTES ABOUT SOME SEASONABLE REMEDIES FOR PREVALENT SUMMER DISEASES.

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Among the diseases that are especially prevalent during the hot weather are the intestinal disturbances: diarrhoea, dysentery, intestinal colic, gastric irritability, etc.

The remedies commended for these affections are manifold, and must necessarily vary with the individual conditions. Simplicity of medicinal treatment in these cases is, we believe, practiced by the most intelligent physicians. As easily available, eligible and convenient remedies, when other than dietetic or hygienic measures are desirable, we may mention the following, supplied by us, which have proved efficient in the experience of many physicians:

Chloranodyne, a preparation of much value as a sedative, anodyne and antispasmodic in disturbances of the digestive tract incident to summer. The formula is an improvement upon the chlorodyne of J. Collis Browne, M.R.C.S.L., which has long been established in favor abroad.

Among intestinal sedatives tablets of bismuth subcarbonate and subnitrate, antacid tablets, soda-mint tablets, Dover powder tablets, pepsin and bismuth tablets, arsenite of copper tablets, and pepsinum purum tablets or pepsin cordial when diarrhoea is dependent on fermentation of undigested food, offer a choice for selection to meet the varying indications present.

Our pepsin cordial presents the ferment in an especially desirable form for administration, being permanent and palatable, as well as possessing in a high degree the proteolytic properties of the gastric juice.

The antiseptic and sedative treatment of intestinal disorders is a deservedly popular one, and in this class of remedies we would remind physicians of the antiseptic yellow oxide of mercury tablets which have proved of so much service in septic forms of dyspepsia, and prophylactic against diarrhoea and dysentery.

For local use mercuric iodide tablets will be found convenient for making solutions of any desired strength, and for purposes of disinfection of excretions, or surroundings, antiseptic liquid or thiocamph may be employed to advantage.

There is another class of remedies, to which we wish to ask especial attention, of much service in inducing emesis in children or adults in which overloading of the stomach or intestines leads to diarrhoea. A most reliable and certain emetic for this condition is normal liquid ipecac (standard two-per-cent. emetine). This is available also in croup incident to the exposure of children to sudden changes of temperature and the out-door life of summer.

For use as an expectorant for coughs and colds, two recent remedies are being largely employed, viz.: cocillana and Goanese ipecac.

Information as to any of these remedies in the form of descriptive circulars and samples for testing when desired, will be furnished to physicians on request.

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PARKE, DAVIS & CO.,

DETROIT AND NEW YORK